

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90093 039 \*\*\*\*61.25

**DOCUMENT # 743236**



1. Entity Name  
**FIFTY PLUS SOFTBALL LEAGUE OF LEE COUNTY, INC.**

Principal Place of Business Mailing Address  
**15091 TAMARIND CAY CT #904 FORT MYERS FL 33908 US**

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State 4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MCKIERNAN, DONALD E  
15091 TAMARIND CAY CT  
#904  
FORT MYERS FL 33908**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b> NAME <b>HICKEY, EDWARD</b> STREET ADDRESS <b>531 SE 32ND STREET</b> CITY-ST-ZIP <b>CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>PAUL, DAVID J.</b> STREET ADDRESS <b>5329 S.W. 11TH PL.</b> CITY-ST-ZIP <b>CAPE CORAL, FL. 33914</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>EVP</b> NAME <b>MARTIN, JON</b> STREET ADDRESS <b>4515 SE 11TH PLACE</b> CITY-ST-ZIP <b>CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete	TITLE <b>T</b> NAME <b>MCKIERNAN, DONALD</b> STREET ADDRESS <b>15091 TAMARIND CAY CT. #904</b> CITY-ST-ZIP <b>FORT MYERS FL. 33908</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b> NAME <b>PAUL, DAVID</b> STREET ADDRESS <b>529 SW 11TH PLACE</b> CITY-ST-ZIP <b>CAPE CORAL FL 33914</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>S</b> NAME <b>HICKEY, EDWARD</b> STREET ADDRESS <b>531 S.E. 32ND ST</b> CITY-ST-ZIP <b>CAPE CORAL, FL. 33914</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b> NAME <b>MCKIERNAN, DONALD</b> STREET ADDRESS <b>2104 SW 38TH TERRACE</b> CITY-ST-ZIP <b>CAPE CORAL FL 33914</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b> NAME <b>ALFRED McGLYNN</b> STREET ADDRESS <b>5738 S.W. 9TH CT.</b> CITY-ST-ZIP <b>CAPE CORAL, FLA 33914</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>MILMONT, GEORGE</b> STREET ADDRESS <b>414 NE 14TH AVENUE</b> CITY-ST-ZIP <b>CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>MICHAEL PORTNOY</b> STREET ADDRESS <b>909 S.W. 8TH PL #202</b> CITY-ST-ZIP <b>CAPE CORAL, FLA 33914</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>GERMINARIO, JOSEPH</b> STREET ADDRESS <b>221 SE 21ST TERRACE</b> CITY-ST-ZIP <b>CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>RICHARD VER DEN HALVEN</b> STREET ADDRESS <b>129 BAEZ CT</b> CITY-ST-ZIP <b>FT MYERS, FLA 33914</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *[Signature]* 4/5/03 President 239-542-9734

CR2E037 (10/02)