

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 510013

FILED  
Jan 23, 2003  
Secretary of State

Entity Name: PROFESSIONAL BASEBALL PROMOTION CORP.

**Current Principal Place of Business:**

201 BAYSHORE DR. S.E.  
ST PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX A  
ST. PETERSBURG, FL 33731 US

**New Mailing Address:**

FEI Number: 59-1771795      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POLEY, D.SCOTT  
201 BAYSHORE DR SE  
ST PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOORE, MIKE  
Address: 201 BAYSHORE DR. S.E.  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: V ( ) Delete  
Name: BRAND, STAN  
Address: 923 FIFTEENTH ST. N.W.  
City-St-Zip: WASHINGTON, DC

Title: T ( ) Delete  
Name: O'CONNOR, PAT  
Address: 201 BAYSHORE DR SE  
City-St-Zip: ST PETERSBURG, FL

Title: S ( ) Delete  
Name: POLEY, D.SCOTT  
Address: 201 BAYSHORE DR SE  
City-St-Zip: SAINT PETERSBURG, FL 33701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. SCOTT POLEY

S

01/23/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date