

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90030 047 ****61.25

DOCUMENT # N06594

1. Entity Name

WILTON MANORS BASEBALL, INC.

Principal Place of Business

1809 CORAL GARDENS DR
 WILTON MANORS FL 33306
 US

Mailing Address

1825 NORTH EAST 27 DR
 WILTON MANORS FL 33306-1342
 US

010154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2675 N W 7 AVE

Suite, Apt. #, etc.

3. Mailing Address

2930 N W 5 AVE

Suite, Apt. #, etc.

City & State

Wilton Manors FL

City & State

Wilton Manors FL

4. FEI Number

59-2488512

Applied For

Not Applicable

Zip

33311

Country

Broward

Zip

33311

Country

Broward

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWTON, DONALD S JR
 1825 NE 27TH DR
 WILTON MANORS FL 33306

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State **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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NEWTON, DONALD S JR	
STREET ADDRESS	1825 NORTH EAST 27 DR	
CITY-ST-ZIP	WILTON MANORS FL 33306	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COONEY, PAT	
STREET ADDRESS	656 NORTH WEST 21 ST	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, VICTORIA	
STREET ADDRESS	2930 NORTH WEST 5TH AVE	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COONEY, JAN	
STREET ADDRESS	656 NW 21ST ST	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLUME, Brenda	
STREET ADDRESS	241 N W 24 ST	
CITY-ST-ZIP	Wilton Manors FL 33311	
TITLE	V-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, Donald Scott Jr.	
STREET ADDRESS	1825 North East 27 Dr	
CITY-ST-ZIP	Wilton Manors FL 33306	
TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, Diane	
STREET ADDRESS	1940 North East 2 Ave #J-106	
CITY-ST-ZIP	Wilton Manors FL 33305	
TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, Victoria	
STREET ADDRESS	2930 North West 5 AVE	
CITY-ST-ZIP	Wilton Manors FL 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Donald S Newton Jr 2-14-00 954-566-2537
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)