

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90140 022 ****61.25

DOCUMENT # N06594
 1. Entity Name
WILTON MANORS BASEBALL, INC.

Principal Place of Business 2675 NW 7 AVE WILTON MANORS FL 33311 US	Mailing Address 2900 NW 5 AVE WILTON MANORS FL 33311 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address 6202 SW 2nd St. Suite, Apt. #, etc. City & State Zip	Country
		Plantation, FL	US

4. FEI Number 59-2488512	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BLUME, BRENDA
241 NW 24 ST.
WILTON MANORS FL 33311

7. Name and Address of New Registered Agent
 Name **Blume, Brenda**
 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.
 SIGNATURE *Brenda Blume* (**Brenda Blume**) DATE **1-23-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VD	<input type="checkbox"/> Delete
NAME	NEWTON, DONALD S JR	
STREET ADDRESS	1825 NORTH EAST 27 DR	
CITY-ST-ZIP	WILTON MANORS FL 33306	
TITLE	T	<input type="checkbox"/> Delete
NAME	HODGMAN, JANET	
STREET ADDRESS	732 NW 29 ST	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLUME, BOB	
STREET ADDRESS	241 NW 24 ST	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BLANSKI, TOM	
STREET ADDRESS	672 NW 21 ST	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLUME, BRENDA	
STREET ADDRESS	241 NW 24 ST	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, DIANE	
STREET ADDRESS	1940 NORTH E 2 AVE #J-106	
CITY-ST-ZIP	WILTON MANORS FL 33305	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hodgman, Janet	
STREET ADDRESS	6202 SW 2nd St.	
CITY-ST-ZIP	Plantation, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nein, Brett	
STREET ADDRESS	1529 NE 28 St.	
CITY-ST-ZIP	Wilton Manors, FL 33334	
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: *Brenda Blume* (**Brenda Blume**) /-23-02 954-568-5996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)