

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

03-11-2004 90010 011****61.25
N06594

DOCUMENT # **N06594**

1. Entity Name

WILTON MANORS BASEBALL, INC



FILED
04 MAR 30 PM 2:02

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REINSTA SECRETARY OF STATE
ALLIANCE FLORIDA
03-04
54016940

2. Principal Place of Business

2675. NW. 7th Ave

Suite, Apt. #, etc.

3. Mailing Address

105 Almar Drive

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

USA

Zip

33334

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Brenda Blume

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

241 NW 24th Street

City

Wilton Manors, Fl 33311

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

Brenda A Blume

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

600031366316
03/30/04--01012--006--**226/25
3-28-04

DATE

FEE IS \$81.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
Brenda Blume
241 NW 24th st
Wilton Manors Fl 33311

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
Robert Blume
241 NW 24th Street
Wilton Manors, Fl 33311

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
Beth Schotanus
208 NE 28th Ct.
Wilton Manors, Fl. 33334

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
Wayne E. Schotanus
105 Almar Drive
Wilton Manors Florida 33334

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Brenda A Blume

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-04

Date

954-398-2104

Daytime Phone #

CR2E037B (12/02)