

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90077 003 \*\*\*\*61.25

**DOCUMENT # N18867**

1. Entity Name

**MARTIN COUNTY BASEBALL BOOSTERS, INC.**

Principal Place of Business

Mailing Address

P O BOX 495  
 STUART FL 34995

P O BOX 495  
 STUART FL 34995

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GORDON PROTOR**  
**33 FLAGLER AVE**  
**STUART FL 34994**

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HESTER, KAREN	
STREET ADDRESS	1122 NE SANTA CRUZ LANE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STRICKLAND, LINDA	
STREET ADDRESS	3003 SE RIVER TERRACE	
CITY-ST-ZIP	STUART FL 34996	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MENESICK, DENNIS J	
STREET ADDRESS	2783 NE SEWALL'S LANDING WAY	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STEINHAUER, TERRY	
STREET ADDRESS	360 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buddy Crotta (A. R. Crotta)	
STREET ADDRESS	4994 SW Lake Grove Cir.	
CITY-ST-ZIP	Palm City Fl. 34990	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fran Mazzilli	
STREET ADDRESS	5001 SW Bimini Circle N.	
CITY-ST-ZIP	Palm City Fl. 34990	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Zanfini	
STREET ADDRESS	4701 Bimini Circle N.	
CITY-ST-ZIP	Palm City, Fl 34990	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim Parenteau	
STREET ADDRESS	829 SW Stratford Ct.	
CITY-ST-ZIP	Palm City Fl. 34990	
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: *[Signature]* **REQUIRED**

4-29-02

772-219-8420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)