

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90677 031 \*\*\*\*61.25

0062345

**DOCUMENT # N18867**

1. Entity Name

**MARTIN COUNTY BASEBALL BOOSTERS, INC.**



Principal Place of Business

P O BOX 495  
STUART FL 34995

Mailing Address

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

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **CROTTA, BUDDY**  
STREET ADDRESS **4994 SW LAKE GROVE CIR.**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD**  Delete  
NAME **MAZZILLI, FRAN**  
STREET ADDRESS **5001 SW BIMINI CIR. NORTH**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE  Change  Addition  
NAME **VPD Ted School**  
STREET ADDRESS **139a SW Sea Holly Way**  
CITY-ST-ZIP **Palm City, Fl. 34990**

TITLE **TD**  Delete  
NAME **ZANFINI, SUSAN**  
STREET ADDRESS **4701 BIMINI CIR. N**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **PARENTEAU, KIM**  
STREET ADDRESS **829 SW STRATFORD CT.**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: Buddy Crotta **REQUIRED**

3/11/03

772 219-8420

CR2E037 (10/02)