

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90169 023 \*\*\*\*\*61.25

0068988

**DOCUMENT # N22116**

1. Entity Name

**SAY BASEBALL OF CENTRAL FLORIDA, INC.**

Principal Place of Business

Mailing Address

PO BOX 561556  
 ORLANDO FL 32856-1556  
 US

PO BOX 561556  
 ORLANDO FL 32856-1556  
 US

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

**59-3040163**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEUSAENGER, JOHN M**  
**4207 BELLE GROVE COURT**  
**BELL ISLE FL 32812**

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

*John M. Neusaenger*

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

(NOTE: Registered Agent signature required when reinstating)

*1/20/02*

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	DP	<input type="checkbox"/> Delete
NAME	MEREDITH, JAY	
STREET ADDRESS	3817 GATLIN WOODS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NAVARRO, JULIO	
STREET ADDRESS	4837 TELLSON PLACE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	DT	<input type="checkbox"/> Delete
NAME	NEUSAENGER, JOHN	
STREET ADDRESS	3328 S. SEMORAN BLVD., #2	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SEARLES, STACY	
STREET ADDRESS	8222 SUMPTER CT	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/20/02*

DATE

*407-835-3500*

Daytime Phone #

CR2E037 (9/01)