2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2000 08:00 AM DOCUMENT # N9200000693 1. Entity Name **Secretary of State** BLAZERS SOFTBALL TEAM, INC. Principal Place of Business Mailing Address 4624 CITY CENTER DRIVE C/O DOC'S BATTING CAGES 4624 CITY CENTER DRIVE PT ORANGE PORT ORANGE FL FL 32119 32119 US 2. Principal Place of Business 3. Mailing Address 72 SHADOWCREEK WAY 72 SHADOWCREEK WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORMOND BEACH FL ORMOND BEACH FL 59-3177526 Not Applicable Zic Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 32174 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANDAU 1450 W. GRANADA BLVD. STE. 1 Street Address (P.O. Box Number is Not Acceptable) ORMOND BCH 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 IRWIN LANDAU 05/08/2000 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate DΡ TITLE ☐ Addition NAME LANDAU IRWIN NAME STREET ADDRESS 1450 W. GRANADA BLVD, SUITE 1 STPEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH TITLE X Delete DS ☐ Change ☐ Addition NAME JOHNSON NAME DAVE STREET ADDRESS 579 TOUCHSTONE CIRCLE STREET ADDRESS CITY-ST-ZIP PT ORANGE 32127 CITY-ST-ZIP TITLE ☐ Delete TITLE DT DST X Change Addition NAME NAME JOHNSON DOUGLAS JOHNSON DOUGLAS STREET ADDRESS 72 SHADOWCREEK WAY 72 SHADOWCREEK WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BCH ORMOND BCH FL. 32174 \mathbf{FL} 32174 TITLE ☐ Delete TITLE DVP XI Change ☐ Addition NAME WILES JACK WILES JACK STREET ADDRESS 6248 PABMINO CIRCLE STREET ADDRESS 6248 PALOMINO CIRCLE CITY-ST-ZIF PT ORANGE CITY-ST-ZIP PT ORANGE 32127 TITLE ☐ Delete TID F D Change ☐ Addition NAME POWELL. RICK NAME STREET ADDRESS 60 RAISTREE DR. STREET ADDRESS CITY-ST-ZIP PORT ORANGE CITY-ST-ZIP 32127 TITLE X Delete TITLE Change | ☐ Addition NAME TESCHNER

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

39 SHADOWCREEK WAY

ORMOND BEACH

^{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.