

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 08:00 AM
Secretary of State

DOCUMENT # N92000000693

1. Entity Name
BLAZERS SOFTBALL TEAM, INC.

Principal Place of Business 72 SHADOWCREEK WAY ORMOND BEACH FL 32174 US	Mailing Address 72 SHADOWCREEK WAY ORMOND BEACH FL 32174 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-3177526

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent LANDAU IRWIN 1450 W. GRANADA BLVD. STE. 1 ORMOND BCH FL 32127		7. Name and Address of New Registered Agent Name JOHNSON DOUGLAS E Street Address (P.O. Box Number is Not Acceptable) 72 SHADOWCREEK WAY City ORMOND BCH FL Zip Code 32127	
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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 **DOUGLAS E. JOHNSON** DATE **05/03/2001**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LANDAU IRWIN 1450 W. GRANADA BLVD, SUITE 1 ORMOND BEACH FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JOHNSON DOUGLAS E 72 SHADOWCREEK WAY ORMOND BCH FL 32174	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILES JACK 6248 PALOMINO CIRCLE PT ORANGE FL 32127	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL RICK 60 RAISTREE DR. PORT ORANGE FL 32127	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Douglas E. Johnson DP 05/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)