

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90013 006 \*\*\*\*61.25

0014150

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005085**

1. Corporation Name  
**AMATEUR UMPIRE DEVELOPMENT, INC.**

Principal Place of Business <del>4060 CINNAMON TREE CIRCLE</del> <del>JENSEN BEACH FL 34957</del>	Mailing Address P.O. BOX 2223 JENSEN BEACH FL 34958
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2. Principal Place of Business <b>21</b> 31 Key Lime Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Jensen Beach, FL Zip Country <b>24</b> 34957 <b>25</b> Martin	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b> <b>30</b>	3. Date Incorporated or Qualified <b>09/30/1996</b> 4. FEI Number <b>65-0704065</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent KELLY, GLENN T <del>4050 CINNAMON TREE CIRCLE</del> JENSEN BEACH FL 34957	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) 31 Key Lime <b>83</b> <b>84</b> City Jensen Beach <b>85</b> Zip Code FL 34957
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	KELLY, GLENN T	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Kelly, Glenn T.
NAME	KELLY, GLENN T	1.2 NAME	31 Key Lime
STREET ADDRESS	<del>4060 CINNAMON TREE CIRCLE</del>	1.3 STREET ADDRESS	Jensen Beach, FL 34957
CITY-ST-ZIP	JENSEN BEACH FL 34957	1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	WILCOX, WILLIAM T	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Wilcox, William T.
NAME	WILCOX, WILLIAM T	2.2 NAME	5514 Darby Dan Dr Apt G
STREET ADDRESS	<del>2210 HASTINGS ROAD #111</del>	2.3 STREET ADDRESS	Indianapolis, IN 46237
CITY-ST-ZIP	<del>BELMONT CA 94002</del>	2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	BLAKISTON, HENRY Y	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAKISTON, HENRY Y	3.2 NAME	
STREET ADDRESS	1001 N US HWY ONE, SUITE 600	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/6/99 561-225-0838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)