

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90838 035 ****70.00

DOCUMENT # N96000005085

1. Entity Name

AMATEUR UMPIRE DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

**31 KEY LIME
 JENSEN BEACH FL 34957**

**P.O. BOX 2223
 JENSEN BEACH FL 34958**

958866



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4635 SE Compass Way

4635 SE Compass Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Stuart FL

4. FEI Number

65-0704065

Applied For

Not Applicable

Zip

Country

34997

United States

Zip

Country

34997

United States

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

**KELLY, GLENN T
 31 KEY LIME
 JENSEN BEACH FL 34957**

Name

Jeffery Roth

Street Address (P.O. Box Number is Not Acceptable)

4635 SE Compass Way

City

Stuart

FL

Zip Code

34997

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]

4/23/02

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	KELLY, GLENN T	31 KEY LIME	JENSEN BEACH FL 34957	<input checked="" type="checkbox"/>
D	WILCOX, WILLIAM T	5514 DARBY DAN DR. APT. G	INDIANAPOLIS IN 46237	<input checked="" type="checkbox"/>
D	BLAKISTON, HENRY Y	1001 N US HWY ONE, SUITE 600	JUPITER FL 33477	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Mike Forte	354 NE Surfside	Port St. Lucie FL 34983	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Gary Rothweiler	1852 SW Alberca	Port St. Lucie FL 34953	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Vince West	2460 SE Wishbone Rd.	Port St. Lucie FL 34952	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D, P	Jeffrey Roth	4635 SE Compass Way	Stuart FL 34997	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Russ Billings	1693 Arch Ave.	Jensen Beach FL 34957	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Dick Daniels	21 SW Riverway Blvd.	Balm City FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CR2E037 (9/01)

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

Daytime Phone #

272-223-0964