

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005085

1. Entity Name

AMATEUR UMPIRE DEVELOPMENT, INC.

Principal Place of Business

31 KEY LIME  
JENSEN BEACH FL 34957

Mailing Address

P.O. BOX 2223  
JENSEN BEACH FL 34958

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KELLY, GLENN T  
31 KEY LIME  
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

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

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. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME KELLY, GLENN T  
STREET ADDRESS 31 KEY LIME  
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE D ☐ Delete  
NAME WILCOX, WILLIAM T  
STREET ADDRESS 5514 DARBY DAN DR. APT. G  
CITY-ST-ZIP INDIANAPOLIS IN 46237

TITLE D ☐ Delete  
NAME BLAKISTON, HENRY Y  
STREET ADDRESS 1001 N US HWY ONE, SUITE 600  
CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*

4/25/01 561-225-0838

FILED  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 91076 017 \*\*\*\*61.25

00055033



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0704065 ☐ Applied For  
Not Applicable

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

CR2E037 (10/00)