

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90051 031 \*\*\*150.00

**DOCUMENT # 627037**

1. Entity Name

**DOYLE BASEBALL, INC.**

Principal Place of Business

**405 US 27 SOUTH  
 PO BOX 9156  
 LAKE HAMILTON FL 33851  
 US**

Mailing Address

**PO BOX 9156  
 PO BOX 9156  
 WINTER HAVEN FL 33883  
 US**

**80095965**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**510 AUCUS, NE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

**59-1882786**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DOYLE, DENNIS  
 2994 PLANTATION RD.  
 WINTER HAVEN FL 33884**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **ST** ☐ Delete  
 NAME **BASS, NANCY L**  
 STREET ADDRESS **1019 SUNSHINE WAY**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **DP** ☐ Delete  
 NAME **DOYLE, DENNIS**  
 STREET ADDRESS **2994 PLANTATION RD.**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ Delete  
 NAME **DOYLE, MARTHA**  
 STREET ADDRESS **2994 PLANTATION RD.**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **VPD** ☐ Delete  
 NAME **DOYLE, BRIAN**  
 STREET ADDRESS **324 OKALOOSA DR.**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **VPD** ☐ Delete  
 NAME **DOYLE, BLAKE**  
 STREET ADDRESS **320 GREENFIELD RD, SE**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Nancy L Bass ST 4-24-02 863-439-1000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)