FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 23, 2001 8:00 am § Secretary of State **DOCUMENT # 702459** 1. Entity Name 05-23-2001 90233 017 ****61.25 LAKE WORTH YOUTH BASEBALL LEAGUES INC Principal Place of Business Mailing Address 332734 900 NORTH 22ND AVE 900 NORTH 22ND AVE LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-7134303 Not Applicable Zip Country Ζiρ Country 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 Street Address (P.O. Box Number is Not Acceptable) FOUNTAIN, DAN 2700 WEST LAKE PL **WEST PALM BEACH FL 33406** City Zip Code statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above nage SIGNATURE (NOT: Registered Agent signature required when reinstating) ame of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contrit ution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change THILE ☐ Delete TITLE SCHNEIDER, PATRICK NAME NAME STREET ADDRESS 4646 BLUE PINE CIRLCE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 TITLE Delete ☐ Change ☐ Addition TITLE FOUNTAIN, DAN NAME NAME STREET ADDRESS STREET ADDRESS 7200 WEST LAKE DR CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 TITI F ☐ Delete TITLE ☐ Change ☐ Addition CARACCIO, LARRY NAME NAME STREET ADDRESS 5421 SANDHURST CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 TITLE ☐ Delete TITLE ☐ Change Addition CARGNAN, TERI NAME STREET ADDRESS 3014 GIULIANO DR STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby 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

501-968-8510