

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704321 ✓

1. Entity Name

Avon Park Baseball, Inc.

Principal Place of Business

PO Box 1907
Avon park, FL
33826

Mailing Address

PO Box 1907
Avon park, FL
33826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2178371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Davis, Lisa C.
85 Hillcrest Dr
Avon park, FL 33825

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	Tim Deulin	
STREET ADDRESS	321 Tulane Circle	
CITY-ST-ZIP	Avon park, FL 33825	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	John Boren	
STREET ADDRESS	1017 US Hwy 27 South	
CITY-ST-ZIP	Avon park, FL 33825	
TITLE	DT	<input type="checkbox"/> Delete
NAME	Trisha Wright	
STREET ADDRESS	970 Lake Lorela Dr	
CITY-ST-ZIP	Avon park, FL 33825	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	mark palmer	
STREET ADDRESS	885 Lake Loreh Dr	
CITY-ST-ZIP	Avon park, FL 33825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick Sedlock	
STREET ADDRESS	214 Tulane Circle	
CITY-ST-ZIP	Avon park, FL 33825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Trisha Wright Trisha Wright 4-7-00 863-382-8998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)