

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90236 026 \*\*\*\*61.25

**DOCUMENT # 704321**

1. Entity Name  
**AVON PARK BASEBALL, INC.**



Principal Place of Business

P.O. BOX 1907  
AVON PARK FL 33826  
US

Mailing Address

P.O. BOX 1907  
AVON PARK FL 33825



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2178371**

Applied For

Not Applicable

Zip

Country

Zip

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

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** ☐ Delete  
NAME **DUKE, MAX**  
STREET ADDRESS **1010 WEST MAIN ST**  
CITY-ST-ZIP **AVON PARK FL 33825**

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

TITLE **DS** ☒ Delete  
NAME **BARBEN, MARY**  
STREET ADDRESS **1146 LAKE LOKELA DR**  
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **DS** ☐ Change ☒ Addition  
NAME **Kelly P. Barnes**  
STREET ADDRESS **2301 N. Verrier Road**  
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **DT** ☒ Delete  
NAME **WRIGHT, TRISHA**  
STREET ADDRESS **970 LAKE LOTELA DR**  
CITY-ST-ZIP **AVON PARK FL 33825**

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

TITLE **DP** ☐ Delete  
NAME **DEVLIN, TIM**  
STREET ADDRESS **321 TULANE CIR ST**  
CITY-ST-ZIP **AVON PARK FL 33825**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*Trisha Wright* **Trisha Wright** 2-7-03 863-402-1888

CR2E037 (10/02)