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**FILED** 

DOCUMENT # 706992  1. Entity Name					Sep 05, 2001 8:00 am § Secretary of State			
SEMINOL	LE BASEBALL, INC.			(RO)		09-05-2001 90026 049		
Principal Place	of Business	Mailing Address		<i>1</i> $\forall$				
S.R. 419 WINTER SPRING	GC EI 33709	P.O. BOX 180662 CASSELBERRY FL 32718-0662						
WHITE STRING	03 11 32/00	)		ATE				
O Delevis d Di				Y			) <b>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ </b>	
2. Principal Pla	/  N.Z 22 (\n - 1\li)	3. Mailing Address P.D BOL 18	10662	<b>i</b>	1 I <b>88</b> 111 I <b>86</b> 1	<b>                                    </b>		
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS S	PACE	
City & State City & State					4. FEI Number 59-2721180 Applied For Not Applicable			].
32718-0	dountry	Zip	Country		5. Certificate of		8.75 Additional	1
20110 01	6. Name and Address of Current Re	gistered Agent			7. Name and A	ddress of New Registered A	<u> </u>	1
	•		Name			·		
LAWRENCE	E, JAMES ALMA CIRCLE		Street	Address (P.	O. Box Number i	s Not Acceptable)		
	PRINGS FL 32702		City					
t <sub>e</sub>	S.					FL	Zip Code	
8. The above n	named entity submits this statement for the	ne purpose of changing its re	gistered office	or registered	l agent, or both,	in the state of Florida.		
							•	
SIGNATURE s	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Re	agistered Agent sign	nature required wh	nen reinstating)	DATE		
FILE NOW: FEE IS \$61.25 9. Election Camp					\$5.00 May Be Make Check Payable to			
After Septer	mber 12, 2001, min. will be \$236	5.25 Trust Fund Con	tribution.	□ à	dded to Fees	Departmen	t of State	
10.	OFFICERS AND DIREC		11.	1		GES TO OFFICERS AND DIR		1
	SUGGS, ED	L_1 Delete	TITLE NAME	James Lawrence Polarge Addition				CR2E037 (5/01)
	=111 E. FLOYD AVE LAKE MARY FL 32746	STREET ADDRESS CITY-ST-ZIP	El Aduness					
	VPD	Delete	TITLE	<del>                                     </del>	Tone	L. Keyser	Change Addition	- <u>22</u>
	ROTUNNO, MIKE 3811 EAGLEWOOD TRAIL		NAME		190 K	outh cot Dr		
	SANFORD FL 32773		STREET ADDRESS CITY-ST-ZIP			Berry FL		}
	VPD ANDERSON, TIM	☐ Delete	TITLE	7	seffre	y C, Le90	☐ Change ☐ Addition	1
	116 HIDDEN LAKE DR.		NAME STREET ADDRESS			junsel Dr.		
	SANFORD FL 32773		C(TY-ST-ZIP		Longu	200d, F1, 36 K.Granger Sc	750	1
	S MEHLICH, SUSAN	☐ Delete	TITLE NAME	Te	resa 1	K. Granger Sc	Change □ Addition	
STREET ADDRESS	1626 EAGLE NEST CIR.		STREET ADDRESS	:  P.	0 Box	1377	• •	
- t	WINTER SPRING FL 32708		CITY-ST-ZIP	6	<u>eneva</u>	F   327		4
TITLE NAME	ROTUNNO, SARAH	☐ Delete	TITLE NAME	Da	ve Ro	9 , , , ,	☑ Change ☐ Addition	
	3811 EAGLE WOOD TR		STREET ADDRESS	145	E, T	iradewinds R Oprings F	(D. 1,327081	
CITY-ST-ZIP	SANFORD FL 32773		CITY-ST-ZIP	, &		11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		1 (

NAME

STREET ADDRESS

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 peop 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 trupped 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.

**2001 UNIFORM BUSINESS REPORT (UBR)** 

NAME

STREET ADDRESS

CITY-ST-ZIP