

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


**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

08-01-2003 90057 028 \*\*\*\*70.00

0003808

**DOCUMENT # 706992**

1. Entity Name  
**SEMINOLE BASEBALL, INC.**



Principal Place of Business  
**SEMINOLE PONY BASEBALL  
P O BOX 180662  
CASSELBERRY FL 32718-0662**

Mailing Address  
**SEMINOLE PONY BASEBALL  
P O BOX 180662  
CASSELBERRY FL 32718-0662**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1420 SR 419**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 180662**  
Suite, Apt. #, etc.

City & State  
**Winter Springs FL**

City & State  
**Casselberry FL**

Zip  
**32708**

Country

Zip  
**32718**

Country

4. FEI Number **59-2721180**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROY, DAVE  
145 E TRADEWINDS RD  
WINTER SPRINGS FL 32702**

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

SIGNATURE **DAVE Roy** (Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE **7-29-03**

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LAWRENCE, JAMES 1393 LA PALOMA CR WINTER SPRINGS FL 32708</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD KEYSER, TERRY L 190 SOUTHCOT DR CASSELBERRY FL 32707</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD LEGO, JEFFREY C 1699 SUNSET DR LONGWOOD FL 32750</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GRANGER SCOTT, TERESA K P O BOX 1377 GENEVA FL 32732</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ROY, DAVE 145 E TRADEWINDS RD WINTER SPRINGS FL 32708</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DAVE ROY 145 E. TRADEWINDS RD WINTER SPRINGS FL 32708</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD JAMES LAWRENCE 1393 LA PALOMA CIR WINTER SPRINGS FL 32708</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LAURA IRIROYEN 102 Borada Road Sanford, Florida 32713</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T TERESA K GRANGER SCOTT PO BOX 1377 GENEVA FL 32732</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2ND VPD MARK Hagerman 254 LESLIE LANE LAKE MARY FL 32746</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE RE: DAVE ROY** (Signature and typed or printed name of signing officer or director)

Date **7-29-03** Daytime Phone # **407 834 5833**

CR2E037 (4/03)