

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

04-11-2002 90024 045 ****61.25

DOCUMENT # 726691

1. Entity Name

MAITLAND BASEBALL, INC.

Principal Place of Business

Mailing Address

P.O. BOX 940752
 MAITLAND FL 32794

P.O. BOX 940752
 MAITLAND FL 32794

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

59-2543883

Applied For

Not Applicable

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

MORE', HECTOR A
1720 SHAWNEE TRAIL
MAITLAND FL 32751

Name **William P. Taulbee II**

Street Address (P.O. Box Number is Not Acceptable)

2136 Chinook Trail

City **Maitland**

FL

Zip Code **32751**

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 **William P. Taulbee II, President William P. Taulbee II**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/15/02

DATE

After September 13, 2002,
min. will be \$236.25.

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 **PD** ☒ Delete
 NAME **MCALLISTER, BRUCE**
 STREET ADDRESS **1400 GREEN COVE ROAD**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☐ Change ☒ Addition
 NAME **President**
 NAME **Taulbee II, William P.**
 STREET ADDRESS **2136 Chinook Trail**
 CITY-ST-ZIP **Maitland FL 32751**

TITLE **TD** ☒ Delete
 NAME **DUNHAM, TIM**
 STREET ADDRESS **2159 CHIPPEWA TRAIL**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☐ Change ☒ Addition
 NAME **Vice President**
 NAME **Tralka, Debbie**
 STREET ADDRESS **2467 Lake Waumpi Dr.**
 CITY-ST-ZIP **Maitland FL 32751**

TITLE **D** ☒ Delete
 NAME **WILHITE, PAUL**
 STREET ADDRESS **1751 MOHAWK TRAIL**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☐ Change ☒ Addition
 NAME **Treasurer**
 NAME **Sutton, Dave**
 STREET ADDRESS **2011 Via Tuscan**
 CITY-ST-ZIP **Winter Park FL 32789**

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

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.

William P. Taulbee II

SIGNATURE:

W. Taulbee II

8/15/02

407-896-6191

CR2E037 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)

0087683

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Country

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4. FEI Number

59-2543883

Applied For

Not Applicable

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

MORE, HECTOR A
1720 SHAWNEE TRAIL
MAITLAND FL 32751

Name WILL ANGUISH

Street Address (P.O. Box Number is Not Acceptable)

912 N. THISTLE LANE

City MAITLAND

FL

Zip Code

32751

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.

(WILL ANGUISH)

(NOTE: Registered Agent signature required when reinstating)

3/31/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPD
MCALLISTER, BRUCE
1400 GREEN COVE ROAD
WINTER PARK FL 32789☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTD
DUNHAM, TIM
2159 CHIPPEWA TRAIL
MAITLAND FL 32751☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
WILHITE, PAUL
1751 MOHAWK TRAIL
MAITLAND FL 32751☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPRESIDENT
WILL ANGUISH
912 N. THISTLE LANE
MAITLAND, FL 32751☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTREASURER
DAVE BUTTON
2011 VIA TUSCANY
WINTER PARK 32789☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPVICE PRESIDENT
DEBBY TRALKA
2467 LAKE WAUMPI
MAITLAND, FL 32751☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(WILL ANGUISH)

3/31/02

Date

626-5909
407-5909
Daytime Phone

CR2E037 (9/01)