

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0007961
AT

DOCUMENT # **A19281**

1. Entity Name

UTICA BASEBALL CLUB, LTD.

02 MAR -8 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

303 RIVERBEND BLVD.
LONGWOOD FL 32779

Mailing Address

303 RIVERBEND BLVD.
LONGWOOD FL 32779



2. Principal Place of Business

2150 BURLEY AVE

Suite, Apt. #, etc.

3. Mailing Address

2150 BURLEY AVE

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

CLERMONT FL

Zip
34711

Country

USA

City & State

CLERMONT FL

Zip

34711

Country

USA

4. FEI Number

59-2473629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOWLER, ROBERT A.

~~303 RIVERBEND BLVD.~~ 2150 BURLEY AVE
~~LONGWOOD FL 32779~~ CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name

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

2150 BURLEY AVE

City

CLERMONT

FL

Zip Code

34711

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 Robert A. Fowler PRESIDENT / GEN PARTNER 3-3-02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions
as Shown on record.

\$90,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # F96022
NAME BASEBALL, INC.
STREET ADDRESS ~~303 RIVERBEND BLVD.~~ 2150 BURLEY AVE
CITY-ST-ZIP ~~LONGWOOD FL~~ CLERMONT, FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2150 BURLEY AVE

CITY-ST-ZIP

CLERMONT FL 34711

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700005098007-0
-03/12/02-01066-019
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DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Robert A. Fowler ROBERT A FOWLER 3-3-02 352-243-7450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE