

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LD00000002360**

1. Entity Name

TAMPA BAY BASEBALL CONCEPTS, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

18035 Wayne Road

3. Mailing Address

18035 Wayne Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Odessa, FL 33556

City & State

Odessa, FL 33556

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip
33556

Country
USA

Zip
33556

Country
USA

5. Certificate of Status Desired ☒

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Temple H. Drummond
~~**Kass Hodges P.A.**~~
~~**1505 North Florida Avenue**~~
~~**Tampa, FL 33602**~~

7. Name and Address of New Registered Agent

Name

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

Akerman Senterfitt & Eidson

100 S. Ashley Drive, Suite 1500

City
Tampa

FL

Zip Code
33602

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

Temple H. Drummond

Temple H. Drummond, Registered Agent

03/28/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE **M** ☐ Delete
NAME **Jody Reed Enterprises, Inc.**
STREET ADDRESS **18035 Wayne Road**
CITY-ST-ZIP **Odessa, FL 33556**

TITLE **M** ☐ Delete
NAME **The Hitting Zone, Inc.**
STREET ADDRESS **8328 N. Florida Avenue**
CITY-ST-ZIP **Tampa, FL 33604**

TITLE **i** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Temple H. Drummond

Temple H. Drummond, Authorized Rep.

3/28/01

813-223-7333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)