

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LD0000002360**

1. Entity Name

TAMPA BAY BASEBALL CONCEPTS, L.L.C.

FILED *2/24/01*
01 MAR 30 PM 12:36
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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.

DO NOT WRITE IN THIS SPACE

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

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
Akerman Senterfitt & Eidson

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

100003992141--5
-04/11/01--01074--007
*******55.00 *****55.00**

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

TITLE Change Addition
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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)