

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90039 045 ****50.00

0034943

DOCUMENT # L00000002360

1. Entity Name

TAMPA BAY BASEBALL CONCEPTS, L.L.C.

Principal Place of Business

18035 WAYNE ROAD
 ODESSA FL 33556

Mailing Address

18035 WAYNE ROAD
 ODESSA FL 33556

2. Principal Place of Business

8328 N. FLORIDA AV.

Suite, Apt. #, etc.

3. Mailing Address

8328 N. FLORIDA AV.

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

TAMPA, FL.

4. FEI Number

59-3630030

APPLIED FOR

Applied For

Not Applicable

Zip

33604

Country

US

Zip

-33604

Country

US

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DRUMMOND, TEMPLE H
 AKERMAN SENTERFITT & EIDSON
 100 S. ASHLEY DRIVE, SUITE 1500
 TAMPA FL 33602**

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.

SIGNATURE

JODY REED

2/27/2002

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	JODY REED ENTERPRISES, INC.	
STREET ADDRESS	18035 WAYNE ROAD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	THE HITTING ZONE, INC.	
STREET ADDRESS	8328 N. FLORIDA AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)