

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90008 012 \*\*\*\*61.25

0046362

**DOCUMENT # N00000000521**

1. Entity Name

**WESTON RATTLERS BASEBALL INC**

Principal Place of Business

2522 POINCIANA DR.  
 WESTON FL 33327

Mailing Address

2522 POINCIANA DR.  
 WESTON FL 33327

**00027889**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GRUDA, LESTER**  
 13899 BISCAYNE BLVD., #106  
 NORTH MIAMI BEACH FL 33181

7. Name and Address of New Registered Agent

Name **LAYNE, PAUL J. ESP**  
 Street Address (P.O. Box Number is Not Acceptable)  
**RUMBERGER, KIRK + CALDWELL P.A.**  
**80 SW 8 ST, Suite 3000**  
 City **MIAMI** FL Zip Code **33130**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>CASEY, FRANCIS R.</b> <b>946 GREENWOOD RD.</b> <b>WESTON FL 33327</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>KEALY, DONALD G.</b> <b>16610 GULFVIEW DRIVE</b> <b>WESTON FL 33324</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>FANOTTI MARIA</b> <b>2522 POINCIANA DR</b> <b>WESTON FL 33327</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>RUDOCK ROBERT J.</b> <b>2881 BIRKDALE</b> <b>WESTON FL 33332</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**3-19-01**

**954-389-7824**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)