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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-21-2001 90008 040 ****61.25

DOCUMENT # N00000002496

1. Entity Name

NAPLES TIGERSHARKS BASEBALL INC.

UR

Principal Place of Business	Mailing Address
6497 AUTUMN WOODS BLVD NAPLES FL 34109	6497 AUTUMN WOODS BLVD NAPLES FL 34109

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — ✓ Applied For — Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEITH, BRIAN 6497 AUTUMN WOODS BLVD NAPLES FL 34109	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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

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	PD	☒ Delete	SEC. TREASURER - DIRECTOR ☐ Change ☒ Addition
NAME	NORRIS, GREG		CINDY PISANI
STREET ADDRESS	2098 MISSION DRIVE		1606 NORTHGATE DR.
CITY-ST-ZIP	NAPLES FL		NAPLES, FL 34105
TITLE	STD	☐ Delete	PRESIDENT - DIRECTOR ☒ Change ☐ Addition
NAME	LEITH, BRIAN		BRIAN LEITH
STREET ADDRESS	6497 AUTUMN WOODS BLVD		6497 AUTUMN WOODS BLVD
CITY-ST-ZIP	NAPLES FL		NAPLES, FL 34109
TITLE	D	☒ Delete	GREG NORRIS - DIRECTOR ☒ Change ☐ Addition
NAME	DUFFY, KEVIN		
STREET ADDRESS	380 SHARWOOD DRIVE		2098 MISSION DRIVE
CITY-ST-ZIP	NAPLES FL		NAPLES, FL 34109
TITLE	D	☒ Delete	☐ Change ☐ Addition
NAME	SHOEMAKER, ROGER		
STREET ADDRESS	3210 15 AVE SW		
CITY-ST-ZIP	NAPLES FL		
TITLE	D	☒ Delete	☐ Change ☐ Addition
NAME	ZELIFF, JACK		
STREET ADDRESS	1278 VENETIAN WAY		
CITY-ST-ZIP	NAPLES FL		
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E037 (5/01)

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 BRIAN LEITH — 7/15/01 — (941) 860-7524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #