2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002750 May 18, 2001 8:00 am Secretary of State 1. Entity Name PALM BAY YOUTH SOFTBALL TOURNAMENT TEAM, INC. 05-18-2001 91240 016 ****61.25 Principal Place of Business Mailing Address 1816 Andover Street, N.W. 1816 Andover Street, N.W. Palm Bay, FL 32907 Palm Bay, FL 32907 A0062685 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT-WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3641761 Not Applicable Country. __. .Zip.___ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jacqueline A. Colantonio 1816 Andover Street, N.W. Street Address (P.O. Box Number is Not Acceptable) Palm Bay, FL 32907 City 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) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President/Director ☐ Change X Addition TITLE ☐ Delete TITLE Treasurer/Director NAME StephendG: Colantonio. . NAME Dee Scavelli 1020 Lee Avenue, N.W. STREET ADDRESS STREET ADDRESS 1816 Andover Street, N.W. CITY-ST-ZIP Palm Bay, FL 32907 CITY-ST-ZIP Palm Bay, FL 32907 TITLE Vice-Président/Secretary/D □ Delete TITLE ☐ Change ☐ Addition Jacqueline A. Colantonio NAME STREET ADDRESS STREET ADDRESS 1816 Andover Street, N.W. CITY-ST-7IE CITY-ST-ZIP Palm Bay, FL 32907 X Delete TITLE Director TITLE ☐ Change ☐ Addition NAME NAME Sandy Lies STREET ADDRESS 141 Acquarius Avenue, S.E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Palm Bay, FL 32907 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

Dee Scavelli 4/23

4/23/01

321-952-0110

Daytime Phone #