

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002816

1. Entity Name

CAPE CORAL CRUSADER AAU BASEBALL, INC.

Principal Place of Business

1212 SE 5TH TERRACE
CAPE CORAL FL 33390

Mailing Address

1212 SE 5TH TERRACE
CAPE CORAL FL 33390

2. Principal Place of Business

3. Mailing Address

1533 SW 57th Street

1533 SW 57th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Cape Coral, FL

Cape Coral, FL

City & State

City & State

Cape Coral, FL

Cape Coral, FL

Zip

Country

Zip

Country

33914

USA

33914

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, SCOTT T SR
1212 SE 5TH TERRACE
CAPE CORAL FL 33390

Name

Scott T Brown Sr

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

1533 SW 57th Street

City

Cape Coral

FL

Zip Code

33914

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 Scott T. Brown Sr. / President

1/31/02

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

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	D	<input type="checkbox"/> Delete
NAME	HOWELL, SHANE SECRET	
STREET ADDRESS	124 SE 13TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33390	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, LINDA G VP	
STREET ADDRESS	1212 SE 5TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33390	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, SCOTT T PRES	
STREET ADDRESS	1212 SE 5TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33390	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Scott T. Brown / Pres 1/31/02 941 5496086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90112 025 ****61.25