

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000002816

FILED  
Apr 29, 2003  
Secretary of State

**Entity Name:** CAPE CORAL CRUSADER AAU BASEBALL, INC.

**Current Principal Place of Business:**

1533 SW 57TH STREET  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

1533 SW 57TH STREET  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 65-1008654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, SCOTT T SR  
1533 SW 57TH STREET  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOWELL, SHANE SECRET  
Address: 124 SE 13TH PLACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete  
Name: BROWN, LINDA G VP  
Address: 1212 SE 5TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete  
Name: BROWN, SCOTT T PRES  
Address: 1212 SE 5TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: PAVY, RICKSON DIR  
Address: 13481 FERNTRAIL DRIVE  
City-St-Zip: N FT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT T BROWN

PRES

04/29/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date