

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90351 044 ****61.25

DOCUMENT # N00000004376
1. Entity Name
MIAMI PALMETTO BASEBALL CLUB, INC.



Principal Place of Business
**7460 S.W. 130 ST.
PINECREST FL 33156**

Mailing Address
**7460 S.W. 130 ST.
PINECREST FL 33156**

2. Principal Place of Business
6950 S.W. 107 ST
Suite, Apt. #, etc.

3. Mailing Address
6950 S.W. 107 ST
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
PINECREST FL

City & State
PINECREST FL

Zip Country
33156

Zip Country
33156

4. FEI Number **31-1721226**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PARKS, LARRY D
7460 S.W. 130 ST.
PINECREST FL 33156

7. Name and Address of New Registered Agent

Name: **BORGOGNONI, GREGORY P.**

Street Address (P.O. Box Number is Not Acceptable)
6950 S.W. 107 ST

City **PINECREST** FL Zip Code **33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating)

DATE **01-22-2003**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME REYNOLDS, CHARLES J	
STREET ADDRESS 8315 SW 153 TER	
CITY-ST-ZIP MIAMI FL 33157	
TITLE D	<input type="checkbox"/> Delete
NAME PRESHONG, KATHLEEN	
STREET ADDRESS 18103 S.W. 87 PLACE	
CITY-ST-ZIP MIAMI FL 33157	
TITLE DV	<input checked="" type="checkbox"/> Delete
NAME ALDEGDA, JORGE	
STREET ADDRESS 13541 SW 70 AVE	
CITY-ST-ZIP MIAMI FL 33156	
TITLE DT	<input checked="" type="checkbox"/> Delete
NAME MEISMER, TOM	
STREET ADDRESS 14701 SW 83 CT	
CITY-ST-ZIP MIAMI FL 33158	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BORGOGNONI, GREGORY P.	
STREET ADDRESS 6950 S.W. 107 ST	
CITY-ST-ZIP PINECREST, FL 33156	
TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DEMAR, EMILY	
STREET ADDRESS 14305 S.W. 74 AVE	
CITY-ST-ZIP MIAMI, FL 33156	
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	
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: **01-22-2003 305-285-0800**

CR2E037 (10/02)