

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90317 033 ****61.25

DOCUMENT # N00000005384

1. Entity Name

ROYAL PALM BEACH YOUTH BASEBALL, INC.

Principal Place of Business

Mailing Address

**147 RIVERA AVENUE
 ROYAL PALM BEACH FL 33411**

**P.O. BOX 211722
 R.P.B. FL 33421**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

A. FEL Number

65-1042265

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INFANTE, MICHAEL
 1159 ROYAL PALM BCH BLVD
 ROYAL PALM BEACH FL 33411**

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

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

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TITLE	NAME	TITLE	NAME
P	INFANTE, MICHAEL 147 RIVERA AVENUE ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SD	HITCHCOCK, IRENE 164 ALCAZAR ST ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T	MILLS, MELISSA J 132 PARK RUN ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	HILL, ROBERT 660 HIBISCUS ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	MARCELLO, ROBERT 144 VALENCIA STREET ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 OR DIRECTOR

4-12-02

Date

561 793-9700

Daytime Phone #

CR2E037 (9/01)