

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90195 004 \*\*\*\*61.25

**DOCUMENT # N00000005384**



**1. Entity Name**  
**ROYAL PALM BEACH YOUTH BASEBALL, INC.**

**Principal Place of Business**  
**147 RIVERA AVENUE**  
**ROYAL PALM BEACH FL 33411**

**Mailing Address**  
**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

**4. FEI Number** **65-1042265**

Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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

**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**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Dolan, Julie</b> <b>16320 East Prestwich</b> <b>Loxahatchee FL 33470</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>Mills, Melissa J.</b> <b>132 Park Road North</b> <b>Royal Palm Beach FL 33411</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Sertler, Dan</b> <b>14845 64th Court North</b> <b>Loxahatchee FL 33470</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Burdo, Rita</b> <b>142 Santa Monica Avenue</b> <b>Royal Palm Beach FL 33411</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 717, 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]* **4-07-03**

CR2E037 (10/02)