2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an atta

SIGNATURE

Sep 12, 2001 8:00 am Secretary of State DOCUMENT # N0000005748 1. Entity Name 09-12-2001 90158 048 ****61.25 TAMPA TIGERS AAU BASEBALL CLUB, INC. Principal Place of Business Mailing Address 11103 WINTHROP WAY 11103 WINTHROP WAY TAMPA FL 33612 **TAMPA FL 33612** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 668150 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6.-Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Street Address (... . Box Number is Not Acceptable RICHARDSON, EDWARD J 101 E KENNEDY BLVD, STE 2800 **TAMPA FL 33602** or both, in the state of Florida Ts statement for the purpose of changing its registered office or 8. The above SIGNATURE **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition (5/01)TITLE Delete TITLE ☐ Change OVERBY, ROGER NAME NAME 11103 WINTHROP WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33612** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITI F RAECKERS, GARY NAME NAME 10117 WOODSONG WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33618 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE MARTINEZ, DANIEL F II NAME NAME 14013 SHADY SHORES DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33613** CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nation 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 pplemental 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 eiver 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 12. I hereby certify that the indicated on this report or s of the corporation of the re-