

# 2002 UNIFORM BUSINESS REPORT (UBR)

2/1

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90164 011 \*\*\*\*\*70.00

**DOCUMENT # N01000003304**

1. Entity Name

**BASEBALL OF S.W. FLORIDA, INC.**

Principal Place of Business

Mailing Address

900 SIXTH AVENUE SOUTH  
 SUITE 201  
 NAPLES FL 34102

900 SIXTH AVENUE SOUTH  
 SUITE 201  
 NAPLES FL 34102

2. Principal Place of Business

900 6<sup>TH</sup> AVE SO STE 201

Suite, Apt. #, etc.  
 SUITE 201

City & State  
 NAPLES, FL

Zip  
 34102

Country  
 USA

3. Mailing Address

900 6<sup>TH</sup> AVE SOUTH

Suite, Apt. #, etc.  
 SUITE 201

City & State  
 NAPLES, FL

Zip  
 34102

Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3715079

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SCAFIDI, RICHARD S  
 900 SIXTH AVENUE SOUTH  
 SUITE 201  
 NAPLES FL 34102

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

*Richard Scafidi*  
 RICHARD SCAFIDI

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/23/02

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 SCAFIDI, RICHARD S  
 900 SIXTH AVENUE SOUTH  
 NAPLES FL 34102 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VD  
 LANG, PETE  
 900 SIXTH AVENUE SOUTH  
 NAPLES FL 34102 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SD  
 ADDIS, BEN  
 900 SIXTH AVENUE SOUTH  
 NAPLES FL 34102 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☒ Addition

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 CITY-ST-ZIP  
☐ Change ☐ 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:

*Richard Scafidi*  
 RICHARD SCAFIDI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 (941)262-4022

Date

Daytime Phone #

CR2E037 (9/01)