2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005267

Name:

Address:

City-St-Zip:

13251 SW 224TH ST

GOULDS, FL 33030

Entity Name: HOMESTEAD BASEBALL ASSOCIATION, INC.

Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O STEVE HAGER 1782 NW 5TH AVE HOMESTEAD, FL 33030 **Current Mailing Address: New Mailing Address:** C/O STEVE HAGER 1782 NW 5TH AVE HOMESTEAD, FL 33030 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAGER, STEVE 1782 NW 5TH AVE HOMESTEAD, FL 33030 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HAGER, STEVE Name: Name: Address: 1782 NW 5TH AVE Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: Title: () Delete Title: () Change () Addition RONCA, DEBBIE Name: Name: Address: 26801 SW 197TH AVE Address: City-St-Zip: MIAMI, FL 33031 City-St-Zip: Title: () Delete Title: () Change () Addition PRATER, CAMILLE Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DEBBIE RONCA D 04/30/2002