2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 02, 2002 8:00 am
Secretary of State
02-25-2002 90035 002 ****70.00

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1. Entity Name

NAPLES ALLSTAR BASEBALL INC. / NAPLES MUSTANGS INC

Principal Place of Business	Mailing Address
6497 AUTUMN WOODS BLVD. NAPLES FL 34109	6497 AUTUMN WOODS BLVD. NAPLES FL 34109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1211 ROSEMARY CT.	1211 ROSEMARY CT
Suite, Apt. #, etc.: C-104	Suite, Apt. #, etc.: C-104
City & State: NAPLES, FL.	City & State: NAPLES, FL.
Zip: 34103 Country: U.S.	Zip: 34103 Country: U.S

4. FEI Number: 59-3752731 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEITH, BRIAN R 6497 AUTUMN WOODS BLVD NAPLES FL 34109	Name: THOMAS C. ORBAN Street Address (P.O. Box Number is Not Acceptable): 1211 ROSEMARY CT. #C-104 City: NAPLES FL Zip Code: 34103

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: THOMAS C. ORBAN 01/31/02
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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEITH, BRIAN R 6497 AUTUMN WOODS BLVD (D) NAPLES FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ORBAN, TOM 1211 ROSEMARY CT. #C-104 (D) NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT THOMAS C. ORBAN 1211 ROSEMARY CT. #C-104 NAPLES, FL. 34103	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ERIC CREWS 24 CONSTITUTION DR. (D) NAPLES, FL.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: THOMAS C. ORBAN SIGNATURE REQUIRED 2/8/02 941-572-1630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #