

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000008576

1. Entity Name

A.P.K. BASEBALL, INC.

DEPARTMENT OF

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90079 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1862 EAGLES POINT  
APOPKA FL 32712

1862 EAGLES POINT  
APOPKA FL 32712

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

59-3759345

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

WICHROWSKI, GARY S  
1862 EAGLES POINT  
APOPKA FL 32712

Name

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

City

FL

Zip Code

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

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

|     |   |                                 |
|-----|---|---------------------------------|
| 10. | PD<br>WICHROWSKI, GARY<br>1862 EAGLES POINT<br>APOPKA FL 32712  | <input type="checkbox"/> Delete |
| 10. | TD<br>HOBSON, MARK<br>2411 CAROL WOODS WAY<br>APOPKA FL 32712   | <input type="checkbox"/> Delete |
| 10. | SD<br>BREWER, RODNEY LEE<br>1063 E SANDPIPER<br>APOPKA FL 32704 | <input type="checkbox"/> Delete |
| 10. |   | <input type="checkbox"/> Delete |
| 10. |   | <input type="checkbox"/> Delete |
| 10. |   | <input type="checkbox"/> Delete |

|     |  |   |
|-----|--|---|
| 11. | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/02 407-884-6100

CR2E037 (9/01)