

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90082 017 ****70.00

DOCUMENT # N02000004670

1. Entity Name

PANTHERS BASEBALL CLUB, INCORPORATED



Principal Place of Business

**2490 DR MARTIN LUTHER KING JR WAY
SARASOTA FL 34234**

Mailing Address

**2490 DR MARTIN LUTHER KING JR WAY
SARASOTA FL 34234**

2. Principal Place of Business

3. Mailing Address

P.O. Box 160

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sarasota, FL

City & State

City & State

34230

Zip

Country

Zip

Country

USA

4. FEI Number

74-3047582

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

**JAMES, EDWARD E
2490 DR MARTIN LUTHER KING JR WAY
SARASOTA FL 34234**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **JAMES, EDWARD E**
STREET ADDRESS **2490 DR MARTIN LUTHER KING JR WAY**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **D** ☐ Change ☒ Addition
NAME **Harvey, Trevor D.**
STREET ADDRESS **2056-6th St**
CITY-ST-ZIP **Sarasota, FL 34237**

TITLE **D** ☒ Delete
NAME **JOHNSON, LEW E**
STREET ADDRESS **2551 25 ST**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **D** ☐ Change ☒ Addition
NAME **Harvey Tresa**
STREET ADDRESS **2056-6th St**
CITY-ST-ZIP **Sarasota, FL 34237**

TITLE **D** ☒ Delete
NAME **CRAWFORD, NORRECE**
STREET ADDRESS **2551 25 ST**
CITY-ST-ZIP **SARASOTA FL 34234**

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

TITLE **D** ☐ Delete
NAME **JAMES, HELEN**
STREET ADDRESS **2490 DR MARTIN LUTHER KING JR WAY**
CITY-ST-ZIP **SARASOTA FL 34234**

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

TITLE ☐ Delete
NAME **Harvey, Trevor D.**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME **Harvey, Tresa**
STREET ADDRESS
CITY-ST-ZIP

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

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: *Edward E. James*

07-16-03

(941) 355-5640

CR2E037 (4/03)