

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

02-07-2001 90170 028 ****61.25

DOCUMENT # N06594

1. Entity Name

WILTON MANORS BASEBALL, INC.

Principal Place of Business

2675 NW 7 AVE
 WILTON MANORS FL 33311
 US

Mailing Address

2830 NW 5 AVE
 WILTON MANORS FL 33311
 US

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

59-2488512

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

NEWTON, DONALD S JR
1825 NE 27TH DR
WILTON MANORS FL 33308

Name

Blume, Brenda

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

241 NW 24 St.

City

Wilton Manors

FL

Zip Code

33311

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

Brenda A Blume, President

1-31-01

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	NEWTON, DONALD S JR	
STREET ADDRESS	1825 NORTH EAST 27 DR	
CITY-ST-ZIP	WILTON MANORS FL 33308	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COONEY, PAT	
STREET ADDRESS	656 NORTH WEST 21 ST	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, VICTORIA	
STREET ADDRESS	2930 NORTH WEST 5TH AVE	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COONEY, JAN	
STREET ADDRESS	656 NW 21ST ST	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLUME, BRENDA	
STREET ADDRESS	241 NW 24 ST	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, DIANE	
STREET ADDRESS	1940 NORTH E 2 AVE #J-108	
CITY-ST-ZIP	WILTON MANORS FL 33305	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hodgman, Janet	
STREET ADDRESS	732 NW 24 St.	
CITY-ST-ZIP	Wilton Manors, FL 33311	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blume, Bob	
STREET ADDRESS	241 NW 24 St.	
CITY-ST-ZIP	Wilton Manors, FL 33311	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blanski, Tom	
STREET ADDRESS	672 NW 21 St.	
CITY-ST-ZIP	Wilton Manors, FL 33311	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clark, Larry	
STREET ADDRESS	1508 NE 2nd Ave.	
CITY-ST-ZIP	FT. Lauderdale, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE:

Donald S. Newton, President 13101 954-390-2104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)