

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

*Amended*

**FILED**

**05 DEC 30 PM 3:40**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

N06594

**1. Entity Name**

Wilton Manors Baseball, Inc.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

2675 NW 6th Ave

**3. Mailing Address**

105 Almar Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Wilton Manors, Florida

**City & State**

Wilton Manors, Florida

**4. FEI Number**

59-2488512

**Applied For**

Not Applicable

**Zip**

33311

**Country**

United States

**Zip**

33334

**Country**

United States

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

**7. Name and Address of Current Registered Agent**

**Name**

Bob Blume

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

241 NW 24th Street

**City**

Wilton Manors, Florida

**FL**

**Zip Code**  
33311

**DO NOT WRITE  
IN THIS SPACE**

**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** Beth Schotanus President

*Beth Schotanus*

*12.26.05*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

**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**

**TITLE** President  
**NAME** Beth Schotanus  
**STREET ADDRESS** 208 NE 28th Court  
**CITY-ST-ZIP** Wilton Manors, FL 33334

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** Vice President  
**NAME** Jon Erwin  
**STREET ADDRESS** 309 NW 21st St  
**CITY-ST-ZIP** Wilton Manors, FL 33311

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** Secretary  
**NAME** Suzanne Richards  
**STREET ADDRESS** 2217 NW 2nd Ave  
**CITY-ST-ZIP** Wilton Manors, Florida 33311

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** Vice President  
**NAME** Bob Blume  
**STREET ADDRESS** 241 NW 24th Street  
**CITY-ST-ZIP** Wilton Manors, FL 33311

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** Treasurer  
**NAME** Wayne Schotanus  
**STREET ADDRESS** 105 Almar Drive  
**CITY-ST-ZIP** Wilton Manors, FL 33334

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE** *W S Schotanus*

*WAYNE SCHOTANUS*

*B. Mitchell* *12.26.05* **DEC 30 2005**

CR2E037B (12/02)