

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18501

1. Entity Name

PALMETTO BASEBALL BOOSTERS, INC.

Principal Place of Business

7460 SW 118TH STREET  
MIAMI FL 33156  
US

Mailing Address

C/O WOLFE & WOLFE CPA  
7696 SW 104TH STREET SUITE 220  
MIAMI FL 33156-3159  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0794178

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WAAS, MARTIN  
5582 NW 79TH AVENUE  
MIAMI FL 33166

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.

SIGNATURE

(x) Martin Waas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/2000

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 PD  
NAME COOK, RICK  
STREET ADDRESS 16775 SW 80TH AVENUE  
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

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

TITLE VPD  
NAME WAAS, MARTIN  
STREET ADDRESS 5582 NW 79TH AVENUE  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

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

TITLE TD  
NAME DOLGOS, CHARLES  
STREET ADDRESS 5875 SW 100TH TERRACE  
CITY-ST-ZIP MIAMI FL 33156 ☒ Delete

TITLE TD  
NAME TERESA REYNOLDS  
STREET ADDRESS 8315 SW 153rd TERRACE  
CITY-ST-ZIP MIAMI, FL. 33157 ☒ Change ☐ Addition

TITLE SD  
NAME MOSES, MARY  
STREET ADDRESS 12251 SW 82ND AVENUE  
CITY-ST-ZIP MIAMI FL 33156 ☐ 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

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

(x) SP Martin Waas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/2000 208-592-9577