## **2002 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 22, 2002 8:00 am Secretary of State **DOCUMENT # N18867** 1. Entity Name MARTIN COUNTY BASEBALL BOOSTERS, INC. 05-22-2002 90077 003 \*\*\*\*61.25 Principal Place of Business Mailing Address P O BOX 495 P O BOX 495 STUART FL 34995 STUART FL 34995 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GORDON PROTOR 33 FLAGLER AVE STUART FL 34994 City 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** Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Buddy Crotta (A. R. Crottal) Change 4994 SW Lake Grove Cir. Delete TITLE TITLE ☐ Addition <u>6</u> HESTER, KAREN NAME NAME E037 STREET ADDRESS 1122 NE SANTA CRUZ LANE STREET ADDRESS CITY-ST-ZIP Jensen Beach FL 34957 CITY-ST-ZIP Delete Change TITLE STRICKLAND, LINDA Fran Mazzilli NAME STREET ADDRESS 3003 SE RIVER TERRACE STREET ADDRESS 5001 SW Bimini Circle Mi CITY-ST-ZIP STUART FL 34996 CITY-ST-ZIP Change TD Delete TITLE TITLE ☐ Addition MENESICK FDENNIS 1/2 NAME === 4701 Bimini Cirlen STREET ADDRESS 2783 NE SEWALL'S LANDING WAY STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-7IP Delete ☐ Addition TITLE TITLE STEINHAURER, TERRY NAME NAME STREET ADDRESS 360 SE ST LUCIE BLVD STREET ADDRESS CITY-ST-ZIP STUART FL 34996 CITY-ST-ZIF ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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

CITY-ST-7IP

STREET ADDRESS

NAME

NAME

STREET ADDRESS

CITY-ST-7IP