FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 03 1998 8:00am
Secretary of State

DOCUMENT # N20455 (4)

1. Corporation Name
THE NORTHWEST LEAGUE OF PROFESSIONAL BASEBALL CL
UBS, INC.

Principal Place of Business	Mailing Address
P O BOX 848 EUGENE OR 97401 US	P.O. BOX 4941 SCOTTSDALE AZ 85261

3. Date Incorporated or Qualified: 05/01/1987

4. FEI Number: 93-0453470 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PARKS, JOHN PAUL
% WENDEL, CHRITTON & PARKS, CHARTERED
5300 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RICHMOND, ROBERT D.		1.2 NAME		
STREET ADDRESS	11838 N 120TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE AZ		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CONNELL, DAVE		2.2 NAME		
STREET ADDRESS	810 W NOB HILL BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	YAKIMA WA		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAVASI, ROBERT		3.2 NAME		
STREET ADDRESS	3105 C HOYT AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	EVERETT WA		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEBAN, ROBERT		4.2 NAME		
STREET ADDRESS	2077 WILLAMETTE		4.3 STREET ADDRESS		
CITY-ST-ZIP	EUGENE OR		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRETT, BOBBY		5.2 NAME		
STREET ADDRESS	602 N. HAVANA		5.3 STREET ADDRESS		
CITY-ST-ZIP	SPOKANE WA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	P	☒ Change ☐ Addition
NAME	CAINI, JACK		6.2 NAME	Cain, Jack	
STREET ADDRESS	1844 SW MORRISON		6.3 STREET ADDRESS	1844 SW Morrison	
CITY-ST-ZIP	PORTLAND OR 97205		6.4 CITY-ST-ZIP	Portland, OR 97205	

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Jack Cain 1-05-97 (602)483-8224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #