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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

273768 - 90061 - 41

DOCUMENT # **N20455**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/01/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 93-0453470 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARKS, JOHN PAUL % WENDEL, CHRITTON & PARKS, CHARTERED 5300 SOUTH FLORIDA AVENUE LAKELAND FL 33813	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT RICHMOND, ROBERT D. 11838 N 120TH ST SCOTTSDALE AZ League President + Treasurer ☐ DELETE	1.1 TITLE SEC. D 1.2 NAME Jerry Walker 1.3 STREET ADDRESS 6700 Field of Dreams Way 1.4 CITY-ST-ZIP SALEM, OR 97307 Secretary + Director ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNELL, DAVE 810 W NOB HILL BLVD YAKIMA WA Director ☐ DELETE	2.1 TITLE V. Pres. 2.2 NAME Bill Pereira 2.3 STREET ADDRESS 5600 N. Glenwood 2.4 CITY-ST-ZIP Boise, ID 83714 Vice Pres. + Director ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~BAVASI, ROBERT~~ ~~6105 C HOYT AVE.~~ ~~EVERETT WA~~ Mark Sperandio 9009 West Mall Dr. Apt. # 1213 Everett, WA 98208 ☐ DELETE	3.1 TITLE 3.2 NAME Fred Herrmann 3.3 STREET ADDRESS 1801 S. Pacific Hwy 3.4 CITY-ST-ZIP Medford, OR 97501 Director ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BEBAN, ROBERT 2077 WILLAMETTE EUGENE OR Director ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRETT, BOBBY 602 N. HAVANA SPOKANE WA Director ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAIN, JACK 1844 SW MORRISON PORTLAND OR 97205 Director ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-11-98 (602) 483-8224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert D. Richmond