2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90105 041 ****61.25

DOCUMENT # N20455

1. Entity Name

THE NORTHWEST LEAGUE OF PROFESSIONAL BASEBALL CL

Principal Place of Business	Mailing Address
~~P O BOX 848~~ ~~EUGENE OR 97401~~ US	P.O. BOX 4941 SCOTTSDALE AZ 83701-1645

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Po Box 1645	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boise ID	City & State
Zip: 83701 Country: USA	Zip Country

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

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
PARKS, JOHN PAUL % WENDEL, CHRITTON & PARKS, CHARTERED 5300 SOUTH FLORIDA AVENUE LAKELAND FL 33813	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	LPT RICHMOND, ROBERT D. 11838 N 120TH ST SCOTTSDALE AZ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LPT Richmond, Robert D. 2288 N. Longview Dr. Boise, ID 83702	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNELL, DAVE ~~610 W NOB HILL BLVD~~ YAKIMA WA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mike Ellis 27 Plymouth Irvine, CA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPERANDIO, MARK 9009 WEST MALL DR EVERETT WA 98208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BEBAN, ROBERT 2077 WILLAMETTE EUGENE OR	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRETT, BOBBY 602 N. HAVANA SPOKANE WA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAIN, JACK 1844 SW MORRISON PORTLAND OR 97205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED Robert D. Richmond 1-05-00 (208)429-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #