

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90117 002 \*\*\*\*61.25

**DOCUMENT # N21360**

1. Entity Name

**PINELLAS PARK PONY BASEBALL, INC.**

Principal Place of Business

P.O. BOX 246  
PINELLAS PARK FL 33665

Mailing Address

P.O. BOX 246  
PINELLAS PARK FL 33665

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCORMICK, BILL**  
**5956 107TH TERR. N**  
**PINELLAS PARK FL 33782**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<b>SCHAFER, KELLY</b>	<b>5760 32ND TERR. N</b> <b>PINELLAS PARK FL 33782</b>				
	<b>D</b>	<b>MCCORMICK, BILL</b>	<b>5956 10TH TERRACE NORTH</b> <b>PINELLAS PARK FL 33782</b>				
	<b>D</b>	<b>MCDEVITT, JAMES</b>	<b>8400 49TH ST N 1016</b> <b>PINELLAS PARK FL 33781</b>				
	<b>D</b>	<b>JANUEZ, DAWN</b>	<b>6084 66TH TERR.</b> <b>PINELLAS PARK FL</b>				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)