

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91024 015 \*\*\*\*\*61.25

**DOCUMENT # N22974**

1. Entity Name

**EAST LAKE LAND BASEBALL, INC.**



Principal Place of Business

**1140 FISH HATCHERY RD  
LAKE LAND FL 33801  
US**

Mailing Address

**PO BOX 605  
LAKE LAND FL 33802**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: **59-2619313**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FREEMAN, CLEM F P  
3814 GREGORY CT.  
LAKE LAND FL 33801**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SHIRLEY, CHARLIE</b>	
STREET ADDRESS	<b>6558 AMI ANN COURT</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33813</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FREEMAN, CLEM</b>	
STREET ADDRESS	<b>3814 GREGORY CT.</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33801</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERTS, GERMAINE</b>	
STREET ADDRESS	<b>325 ED PADGETT ROAD</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33809</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BARNETT, KELLIE</b>	
STREET ADDRESS	<b>2427 ISLAND OAKS EAST</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33805</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GILLIN, KATRINA</b>	
STREET ADDRESS	<b>2525 DONS PLACE</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33801</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KNAPP, SHARON</b>	
STREET ADDRESS	<b>2504 S CRYSTAL LAKE DRIVE</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33801</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sharon Knapp</b>
STREET ADDRESS	<b>6166 Hickory St</b>
CITY-ST-ZIP	<b>Lake Land, FL 33801</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:

**KATRINA GILLIN**

**2-5-03**

**(863) 665-2583**

CR2E037 (10/02)