

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N26970**

1. Entity Name

**BASEBALL CITY BOOSTER CLUB, INC.**

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90012 041 \*\*\*\*61.25

Principal Place of Business C/O MARCIA DEMPERIO 14 SEMINOLE CT. WINTER HAVEN FL 33881 US	Mailing Address C/O MARCIA DEMPERIO 14 SEMINOLE CT. WINTER HAVEN FL 33881-9453 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2890865</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BALUCH, MARY**  
**180 GREENFIELD ROAD**  
**WINTER HAVEN FL 33884**

**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.

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>GUNN, RON</b>
STREET ADDRESS	<b>8 SILVERCREST DR</b>
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>BALUCH, MARY</b>
STREET ADDRESS	<b>180 GREENFIELD RD</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>LIARAKOS, HELEN</b>
STREET ADDRESS	<b>535 RANGER PARK CT</b>
CITY-ST-ZIP	<b>DAVENPORT FL 33837</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>DEMPERIO, MARCIA</b>
STREET ADDRESS	<b>14 SEMINOLE CT.</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LAMENDOLA, SAM</b>
STREET ADDRESS	<b>156 EOLA PARK DR</b>
CITY-ST-ZIP	<b>DAVENPORT FL 33837</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MILLER, REX</b>
STREET ADDRESS	<b>1701 COMMERCE AVE LOT 96</b>
CITY-ST-ZIP	<b>HAINES CITY FL 33844</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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Mary K. Baluch **MARY K. BALUCH** *2300* *863-326-9290*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)