1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N47101 1. Corporation Name

WEST SEMINOLE PONY BASEBALL, INC. II

Principal Place of Business P.O. BOX 915364 LONGWOOD FL 32779

Mailing Address

P.O. BOX 915364 LONGWOOD FL 32779

FILED May 21, 1999 8:00 am § Secretary of State

05-21-1999 90006 019 ****61.25

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2. Principal Pl	ace of Business	2a. Mailing Ad	2a. Mailing Address				3. Date Incorporated or Qualifed 01/31/1992				
21		26							1 14	illad For	
Suite, Apt. :	#, etc.	Suite, Apt	Suite, Apt. #, etc.				NOT APPLICABLE			Applicable	
27 27			nte						\$8.75 A	dditional	
23			,				5. Certifcate of Status Desired		Fee Re	quired	
Zip	Country Zip Co			Country 6. Election Campaign Financing			П	\$5.00	May Be		
24	25 29 30			_	Trust Fund Contribution				Added to	Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent											
						יים	LCHER, LISA				
-POTTER: MARK S-					Street A		s (P.O. Box Number is Not Accept	able)			
-209 WILD CREEK CT.							42 BEARVIEW DR.	, 	_		
LONGWOOD PL 32779											
EQUATION (E SELLO					City				85 Zip C	ode	
				84	_	AP	OPKA	FL	32	703	
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 terminal with, and agreet the obligations of Section 617.0503, Florida Statutes.											
office or re	egistered agent, or both, in the	ne State of Florida. Such ch	iange was authori 17 0503. Florida S	ized by Statutes.	the corpo	ration's	s board of directors. I nereby accer	pt the appoint	meni as ieį	Jistereo	
	X // I / I	1501111	.,					Slade	19		
SIGNATURE	Signature those & printed name of red	stered agent and title if applicable.	(NOTE: Regist	lered Agen	t signature re	cuired w	hen reinstating)	DATE			
12.		ERS AND DIRECTORS	·	13.			ADDITIONS/CHANGES TO OF	FICERS AND	_		
TITLE			DELETE 1	.1 TITLE					Change	☐ Addition	
NAME -	BASHINSKI, CHIP-		1	2 NAME							
STREET ADDRESS	1408 HILLWAY DR-		1	.3 STREET	ADDRESS						
CITY-\$T-ZIP	APOPKA FL 32703		1	.4 CITY-\$1	r-ZiP		_				
TITLE	-D-		DELETE 2	LI TITLE					Change	Addition	
NAME -	OCDEN. STEVE		. 2	2 NAME							
STREET ADDRESS	1315 WHEELER RO		2	.3 STREET	ADDRESS						
CITY-ST-ZIP	APOPKA FL 32703		2	2. 4 CITY-S							
TITLE	· · · · · · · · · · · · · · · · · · ·		.1 TITLE		D/S	/T		Change	X Addition		
NAME -	POTTER, MARK 9		3	3.2 NAME		BEL	CHER, LISA				
STREET ADDRESS	209 WILD CREEK CT.		3	.3 STREET	ADDRESS	194	2 BEARVIEW DR.				
	LONGWOOD FL 32779	_	3	9.4. CITY- 5	T-ZIP	APO:	PKA, FL 32703			`.	
TITLE	D		DELETE 4	1.1 TITLE					Change	Addition	
NAME	TERRIAN, PETER		4	. 2 NAME							
STREET ADDRESS	531 HEATHERBRITE		. 4	.3 STREET	ADDRESS						
CITY-ST-ZIP	APOPKA FL 32703		4	1.4 CITY- S]	r-ZIP						
TITLE			DELETE 6	5.1 TITLE		D/P			Change	X Addition	
NAME			5	5.2 NAME	-	BRY.	AN, MICHAEL			Ş	
STREET ADDRESS			5	3.3 STREET	ADDRESS	105	PYTCHLEY CT.				
CITY-ST-ZIP				5.4 CITY-S			GWOOD, FL 32779				
TITLE	,] DELETE 6	3.1 TITLE		D/V	•		Change	Addition	
NAME			6	5.2 NAME			MOTH, GREG			.	
STREET ADDRESS			1 6	5.3 STREET	ADDRESS		9 BRANTLEY ESTATES	DR.			
CITY-ST-ZIP			ē	5.4 CITY-S	T-ZIP		AMONTE SPRINGS, FL	32714			
	L.,						No. 440 07/01/11 Florida Ctatutas	I further corti	C. shot the is	formation	

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 on suppliemental 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. 14. I hereby certify that the information supplied with this file

SIGNATURE:

407-294-2838