

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N47101

FILED
May 03, 2002 8:00 AM
Secretary of State

Entity Name: WEST SEMINOLE PONY BASEBALL, INC. II

Current Principal Place of Business:

P.O. BOX 915364
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 915364
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STITT, TRACY D
132 CAMBRIDGE DR
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: BELCHER, LISA
Address: 1942 BEARVIEW DR.
City-St-Zip: APOPKA, FL 32703

Title: DP () Delete
Name: BRYAN, MICHAEL
Address: 105 PYTCHLEY CT.
City-St-Zip: LONGWOOD, FL 32779

Title: T () Delete
Name: STITT, TRACY D
Address: 132 CAMBRIDGE DR
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BRYAN

DP

05/03/2002

Electronic Signature of Signing Officer or Director

_____ Date