

2000 UNIFORM BUSINESS REPORT (UBR)

1/21/00-90127-012-\$61.25-\$61.25

DOCUMENT # N51319

1. Entity Name

KEY WEST WINTER BASEBALL LEAGUE, INC.

FILED

00 MAR -6 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

500 FLEMING STREET
KEY WEST FL 33040

500 FLEMING STREET
KEY WEST FL 33040-6882

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0366869

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPOTTSWOOD, WILLIAM B
500 FLEMING STREET
KEY WEST FL 33040

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MENENDEZ JR, JOHN A.	
STREET ADDRESS	2010 SEIDENBERG AVENUE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPOTTSWOOD, ANDREA	
STREET ADDRESS	42 FLORAL AVENUE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MENENDEZ, WANDA F	
STREET ADDRESS	2010 SEIDENBERG AVENUE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Hensley	
STREET ADDRESS	6800 Maloney Ave. #12	
CITY-ST-ZIP	Key West, FL 33040	(D)
TITLE	Bill Spottswood	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 Fleming Street	
STREET ADDRESS	Key West, FL 33040	
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

305-294-5234

Date

Daytime Phone #

CR2E037 (9/99)