

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90004 037 \*\*\*\*61.25

**DOCUMENT # N93000002024**

1. Entity Name

**FLORIDA STATE AMATEUR BASEBALL CONGRESS**

Principal Place of Business

5500 34TH ST. W  
 BRADENTON FL 34210  
 US

Mailing Address

5500 34TH ST. E  
 BRADENTON FL 34203  
 US

2. Principal Place of Business

1401 Essex Dr  
 Suite, Apt. #, Etc.

3. Mailing Address

1401 Essex Dr  
 Suite, Apt. #, Etc.

City & State

St. Pete

City & State

St. Pete

4. FEI Number

59-3122256

Applied For

Not Applicable

Zip  
 33710

Country

U.S.A

Zip

33710

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LEE, DANIEL B.  
 3309 56TH DR. E.  
 BRADENTON FL 34203

7. Name and Address of New Registered Agent

Name: Reed McM...  
 Street Address (P.O. Box Number is Not Acceptable)

1401 Essex Dr

City  
 St. Pete

FL

Zip Code  
 33710

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]*

6/20/01

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent's signature required when re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP LEE, DANIEL B. 5500 34TH ST. W. BRADENTON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCMILLAN, REED 1401 ESSEX DR. ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LISOWSKI, ED 4310 29TH AVE. N. ST. PETE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PALMER, MUENCH 5500 34TH ST. W. BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Jim Churchill 16001 Manfield Dr Odessa FL 33556	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*[Signature]* REQUIR

05/12/01

727 343988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)