2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 17, 2000 8:00 am Secretary of State DOCUMENT # N93000000782 Wellington Youth Baseball, Inc. 04-17-2000 90056 037 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. Box 480 Village Park Loxahatchee, FL 11700 Pierson Rd Wellington, FL 33414 33414 Principal Place of Business 3. Mailing Address 72 O 11700 Pierson Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State wellington Not Applicable 3414 \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent grofstall, William G. Street Address (P.O. Box Number is Not Acceptable) 828 Squire Dr. Wellington, FC 33414 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. įŪ. President/D TITLE Change Delete Hastup, Barry Evelyn-Ken NAME 300 Wood Row Way VISITE ANDRESS PO. BN 267 STREET ADDRESS CITY-ST-ZIP Wellington, FL 33414 ST - ZIE Loxahatchee, FL Vice - President ID Belete ☐ Change Addition TITLE HILE Nelson, Sherri 13328 Northunbuland young, Robert A 1625 Farmington Circle NAME STREET ADDRESS Since ADDRESS wellmaton, FC 33414 ST ZIP CITY-ST-ZIP Addition Change Delete TITLE NAME 491' Cittle Rocke Ct and a ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP Treasurey/Dorraine Hernandez Lorraine 11721 Inverness Circle Addition ☐ Change ☐ Delete NAME ....: Appress STREET ADDRESS CITY-ST-ZIP ST ZIP wellington Change Addition ☐ Delete STREET ADDRESS SERRICA CORRESS ST-ZIP CITY-ST-ZIP ☐ Change Addition . Delete TITLE NAME STREET ADDRESS ..... АГИВИГОО ST ZIP 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. KENNETH M EVELYN 4/8/00 56/ 3334550