

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90554 017 *****61.25

DOCUMENT # N94000002882

1. Entity Name

FOREST HILLS YOUTH BASEBALL, INC.



Principal Place of Business

**9630 ORANGE GROVE DR
TAMPA FL 33618
US**

Mailing Address

**P.O. BOX 270054
TAMPA FL 33688
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3250688**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BACCARELLA, DOMINIC J
1505 N FLORIDA AVE
TAMPA FL 33202**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☐ Delete
NAME **BISHOFF, DUANE**
STREET ADDRESS **1011 SYLVIA LANE**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DVP** ☒ Delete
NAME **LAMONTE, MARK**
STREET ADDRESS **2118 W FERRIS DR**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ Change ☒ Addition
NAME **DVP**
STREET ADDRESS **Michael Whitlow**
CITY-ST-ZIP **2801 W. Humphrey St
TAMPA FLA 33614**

TITLE **DV** ☐ Delete
NAME **GRIFFITH, CHRIS**
STREET ADDRESS **801 E LOTUS AVE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☒ Change ☐ Addition
NAME **DVP**
STREET ADDRESS **GRIFFITH, CHRIS**
CITY-ST-ZIP **5612 TEN CT.
Tampa, FL 33625**

TITLE **DP** ☒ Delete
NAME **KIDD, CARL R**
STREET ADDRESS **14305 LOFTON WAY**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Change ☒ Addition
NAME **President**
STREET ADDRESS **Courtney B. Hayes**
CITY-ST-ZIP **2207 S. Village Ave
Tampa FL 33612**

TITLE **DS** ☒ Delete
NAME **KIDD, DOREEN**
STREET ADDRESS **14305 LOFTON WAY**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Change ☒ Addition
NAME **DS**
STREET ADDRESS **Theresa Rodriguez**
CITY-ST-ZIP **2512 Habana PL
Tampa, FL 33618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Duane B. Bischoff, Treas 1/14/03 813-215-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)