## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## FILED DOCUMENT # **N95000005554** Feb 03, 2000 8:00 am **Secretary of State** MANATEE BASEBALL CLUB, INC. 02-03-2000 90001 001 \*\*\*\*61.25 Principal Place of Business Mailing Address 1023 MANATÉE AVENUE WEST 1023 MANATEE AVENUE WEST **BRADENTON FL 34205 BRADENTON FL 34205-7816** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0625411 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HAWKINS, JOHN D 1023 MANATEE AVENUE WEST **BRADENTON FL 34205** 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 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Section 1 TITLE ☐ Change ■ Addition ☐ Delete HAWKINS, JOHN D NAME NAME STREET ADDRESS STREET ADDRESS 321 32 ST W -CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** ☐ Change ☐ Addition TITLE ☐ Delete TITLE MEISSNER, GREGORY C NAME NAME STREET ADDRESS STREET ADDRESS 1023 MANATEE AVENUE WEST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** TITLE Delète 🗍 TITLE Change ☐ Addition NAME ruggiero, Brian NAME STREET ADDRESS STREET ADDRESS 1019-85TH STREET COURT N.W. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 reaeiver 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 attach then the report as required.