## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Mar 01, 2001 8:00 am DOCUMENT # N9500005554 **Secretary of State** 1. Entity Name 03-01-2001 90054 019 \*\*\*\*61.25 MANATEE BASEBALL CLUB, INC. Principal Place of Business Mailing Address 1023 MANATEE AVENUE WEST 1023 MANATEE AVENUE WEST 010104 **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0625411 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HAWKINS, JOHN D 1023 MANATEE AVENUE WEST **BRADENTON FL 34205** City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. SVD CR2E037 (10/00) TITI F ☐ Delete TITLE Change ☐ Addition HAWKINS, JOHN D NAME NAME STREET ADDRESS STREET ADDRESS 321 32 ST W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** Change TITLE ☐ Delete ☐ Addition TITLE MEISSNER, GREGORY C NAME NAME 3rd Ave. W. #150 STREET ADDRESS 1023 MANATEE AVENUE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34205 Bradenton ☐ Delete ☐ Addition TITLE ☐ Change TITLE RUGGIERO, BRIAN NAME MAME STREET ADDRESS 1019-85TH STREET COURT N.W. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34209** ☐ Defete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #