

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 19 1997 8:00am  
Secretary of State

DOCUMENT # **N96000000632 (7)**

1. Corporation Name

**BAY UMPIRES ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**16715 KRISTOPHER DRIVE** **16715 KRISTOPHER DRIVE**  
**LUTZ FL 33549** **LUTZ FL 33549**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/06/1996</b>		3a. Date of Last Report	
21		26		4. FEI Number <b>59-3358780</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24 Zip		25 Country		29 Zip		30 Country	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOATES, BOBBY J</b>	1.2 NAME	<b>MOATES, BOBBY J</b>
STREET ADDRESS	<b>16715 KRISTOPHER DRIVE</b>	1.3 STREET ADDRESS	<b>16715 KRISTOPHER DRIVE</b>
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	1.4 CITY-ST-ZIP	<b>LUTZ FL 33549</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VILLANI, FRED</b>	2.2 NAME	<b>LIEBERMAN, JEFF</b>
STREET ADDRESS	<b>16715 KRISTOPHER DRIVE</b>	2.3 STREET ADDRESS	<b>16715 KRISTOPHER DRIVE</b>
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	2.4 CITY-ST-ZIP	<b>LUTZ FL 33549</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LIEBERMAN, JEFF</b>	3.2 NAME	<b>MOATES, KATHY J</b>
STREET ADDRESS	<b>16715 KRISTOPHER DRIVE</b>	3.3 STREET ADDRESS	<b>16715 KRISTOPHER DR</b>
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	3.4 CITY-ST-ZIP	<b>LUTZ FL 33549</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WALSH, JIM</b>	4.2 NAME	<b>TRAMONTANA, ROBERT</b>
STREET ADDRESS	<b>16715 KRISTOPHER DRIVE</b>	4.3 STREET ADDRESS	<b>16715 KRISTOPHER DRIVE</b>
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	4.4 CITY-ST-ZIP	<b>LUTZ FL 33549</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 9-12-97 813-840 7812

CR2E037 (4/97)