

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90122 034 ****61.25

DOCUMENT # N96000006558

1. Entity Name

SOUTHWEST FLORIDA YOUTH BASEBALL CLUB, INC.



Principal Place of Business

Mailing Address

15560 MCGREGOR BLVD
 SUITE B
 FT. MYERS FL 33908
 US

15560 MCGREGOR BLVD
 SUITE B
 FT. MYERS FL 33908
 US

2. Principal Place of Business

5350 CHIPPENDALE

3. Mailing Address

5350 CHIPPENDALE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS, FL.

City & State

FT. MYERS, FL.

Zip

33919-2204

Country

USA

Zip

33919-2204

Country

USA

4. FEI Number

65-0728325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional 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)

City

FL

Zip Code

WINROW, GARY
4806 LAUREL LANE
FT. MYERS FL 33908

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

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
 NAME **WINROW, GARY**
 STREET ADDRESS **4806 LAUREL LN.**
 CITY-ST-ZIP **FT. MYERS FL 33908**

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

TITLE **DT** ☐ Delete
 NAME **VANVOORHIS, JOHN R**
 STREET ADDRESS **5350 CHIPPENDALE CIR.**
 CITY-ST-ZIP **FT. MYERS FL 33919**

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

TITLE **DV** ☐ Delete
 NAME **GILL, EARL**
 STREET ADDRESS **1593 MANCHESTER BLVD.**
 CITY-ST-ZIP **FT. MYERS FL 33919**

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

TITLE **DS** ☐ Delete
 NAME **LAVENDER, JIM**
 STREET ADDRESS **1463 POINSIANA AVE.**
 CITY-ST-ZIP **FT. MYERS FL 33901**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

JOHN R. VANVOORHIS 7/9/01 481-4694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)