

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001586

1. Entity Name

PASCO BASEBALL, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90004 009 ****61.25

Principal Place of Business

36506 LANIGAN ROAD
DADE CITY FL 33525
US

Mailing Address

36506 LANIGAN ROAD
DADE CITY FL 33523-6543
US

2. Principal Place of Business

TRILBY

3. Mailing Address

32645 TRILBY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DADE CITY, FL

City & State

DADE CITY, FL

4. FEI Number

31-1565647

Applied For

Not Applicable

Zip

33523

Country

PASCO

Zip

33523

Country

PASCO

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, ELLEN
36506 LANIGAN ROAD
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name

RENEE ORR

Street Address (P.O. Box Number is Not Acceptable)

32645 TRILBY RD.
TRILBY

City

DADE CITY

FL

Zip Code

33523

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

ELLEN WILSON
RENEE ORR

Ellen Wilson

5-9-00

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.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	WILSON, ELLEN	
STREET ADDRESS	36506 LANIGAN	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORR, RENEE M	
STREET ADDRESS	32645 TRILBY ROAD	
CITY-ST-ZIP	DADE CITY FL 33526	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, KEVIN	
STREET ADDRESS	36741 LAUREL OAK LANE	
CITY-ST-ZIP	DADE CITY FL 33526	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, CLARK	
STREET ADDRESS	13627 13TH STREET	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	JILES, RICKY	
STREET ADDRESS	39803 RILEY AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

RENEE ORR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-9-00 352-523-0023

CR2E037 (9/99)