

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001586

1. Entity Name

PASCO BASEBALL, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90018 025 ****61.25

Principal Place of Business Mailing Address
36506 LANIGAN ROAD 36506 LANIGAN ROAD
DADE CITY FL 33525 DADE CITY FL 33525
US US

2. Principal Place of Business 3. Mailing Address
Same *Same*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 31-1565647 Applied For
Not Applicable

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 *Same*
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 *ELLEN WILSON* *ELLEN WILSON* 1/24/02
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. ☐

\$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	32845 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	

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: *Ricky Jiles* 1/24/02 567-6617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)