

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90281 017 \*\*\*61.25

**DOCUMENT # N97000001586**

1. Entity Name  
**PASCO BASEBALL, INC.**



Principal Place of Business

**36506 LANIGAN ROAD  
DADE CITY FL 33525  
US**

Mailing Address

**36506 LANIGAN ROAD  
DADE CITY FL 33525  
US**

2. Principal Place of Business

**16640 US 301  
Suite, Apt. #, etc.  
DADE CITY, FL**

3. Mailing Address

**16640 US 301  
Suite, Apt. #, etc.  
DADE CITY, FL**

City & State  
**33523 Pasco**

City & State  
**33523 Pasco**

Zip Country

Zip Country

4. FEI Number **31-1565647**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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 **MATT EDWARDS**

Street Address (P.O. Box Number is Not Acceptable)  
**16640 US 301**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE **Matt Edwards**  
Signature, typed or printed name of registered agent and title if applicable.

**Treasurer**

(NOTE: Registered Agent signature required when reinstating)

**9.25.03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **T** ☒ Delete  
NAME **WILSON, ELLEN**  
STREET ADDRESS **36506 LANIGAN**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D** ☒ Delete  
NAME **ORR, RENEE M**  
STREET ADDRESS **32845 TRILBY ROAD**  
CITY-ST-ZIP **DADE CITY FL 33526**

TITLE **D** ☒ Delete  
NAME **WATSON, KEVIN**  
STREET ADDRESS **36741 LAUREL OAK LANE**  
CITY-ST-ZIP **DADE CITY FL 33526**

TITLE **D** ☒ Delete  
NAME **EVANS, CLARK**  
STREET ADDRESS **13627 13TH STREET**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D** ☐ Delete  
NAME **JILES, RICKY**  
STREET ADDRESS **39803 RILEY AVE**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition  
NAME **MATT EDWARDS**  
STREET ADDRESS **16640 US 301**  
CITY-ST-ZIP **DADE CITY, FLA. 33523**

TITLE **D** ☐ Change ☒ Addition  
NAME **MIGNON EDWARDS**  
STREET ADDRESS **16640 US 301**  
CITY-ST-ZIP **DADE CITY, FLA. 33523**

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

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

TITLE ☒ Change ☐ Addition  
NAME **GILES, RICKY**  
STREET ADDRESS **39803 RILEY AVE**  
CITY-ST-ZIP **ZEPHYRHILLS, FL**

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 empowerments.

SIGNATURE: **Matt Edwards**

**9/25/03**

**352-567-7191**

CR2E037 (10/02)