

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005114

1. Entity Name

WESTERN RATTLERS BASEBALL INC.



FILED
Sep 18, 2000 8:00 am
Secretary of State

05-01-2000 90368 031 ****61.25

09-18-2000 90033 029 ****61.25

Principal Place of Business

%FRANCIS R. CASEY
946 GREENWOOD RD.
WESTON FL 33327

Mailing Address

C/O MARIA FANDETTI
2522 POINCIANA DRIVE
WESTON FL 33327

2. Principal Place of Business

2522 Greenwood Rd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL 33327

City & State

Weston, FL 33327

Zip

33327

Country

USA

Zip

33327

Country

USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRUDA, LESTER
13899 BISCAYNE BLVD., #106
NMB FL 33181

7. Name and Address of New Registered Agent

Name

PAUL JON LAYNE, ESQUIRE

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

Rumberger, Kirk & Caldwell, P.A.

80 S.W. 8th Street, Suite 3000

City

Miami

FL

Zip Code

33130

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

[Handwritten Signature]

9/13/00

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASEY, FRANCIS R 946 GREENWOOD RD. WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEALY, DONALD G 16610 GULFVIEW DRIVE WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANDETTI, MARIA 2522 POINCIANA DR. WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHPAK, MICHAEL E 2562 MAYFAIR LANE WESTON FL 33327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary CASEY, FRANCIS R Same address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice-President KEALY, DONALD G. Same address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Treasurer FANDETTI, MARIA Same address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President ROBERT J. RUDOCK 2881 Birkdale Weston, FL 33332	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Handwritten Signature] ROBERT J. RUDOCK

9/13/00 (305) 358-5577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions)
Western Rattlers Baseball, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
Maria Fardetti

4a Mailing address (street address) (room, apt., or suite no.)
2522 Poinciana Dr.

4b City, state, and ZIP code
Weston, FL 33327

5a Business address (if different from address on lines 4a and 4b)

5b City, state, and ZIP code

6 County and state where principal business is located
Broward county, FL

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►
Maria Fardetti, SSN [redacted]

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN) ☐ Estate (SSN of decedent)

☐ Partnership ☐ Personal service corp. ☐ Plan administrator (SSN)

☐ REMIC ☐ National Guard ☐ Other corporation (specify) ►

☐ State/local government ☐ Farmers' cooperative ☐ Trust

☐ Church or church-controlled organization ☐ Federal government/military

☒ Other nonprofit organization (specify) ► ATHLETICS (enter GEN if applicable)

☐ Other (specify) ►

8b If a corporation, name the state or foreign country (if applicable) where incorporated State Foreign country

9 Reason for applying (Check only one box.) (see instructions) ☐ Banking purpose (specify purpose) ►

☒ Started new business (specify type) ► new - pro. baseball team for kids ☐ Changed type of organization (specify new type) ►

☐ Hired employees (Check the box and see line 12.) ☐ Purchased going business

☐ Created a pension plan (specify type) ► ☐ Created a trust (specify type) ►

☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) 5/03/99 11 Closing month of accounting year (see instructions) January 3112 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) N/A13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) Nonagricultural Agricultural Household 0 0 014 Principal activity (see instructions) ► children's athletics - baseball15 Is the principal business activity manufacturing? ☐ Yes ☒ No If "Yes," principal product and raw material used ► 16 To whom are most of the products or services sold? Please check one box. ☐ Public (retail) ☐ Other (specify) ► ☐ Business (wholesale) ☒ N/A17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No Note: If "Yes," please complete lines 17b and 17c.17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ► 17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Fax = 305 371-7580

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) (305) 945-1485 Fax telephone number (include area code) (305) 945-7164Name and title (Please type or print clearly.) ► Maria FardettiSignature ► [Signature] Date ► 5-5-00

Note: Do not write below this line. For official use only.

Please leave blank ► Geo. Ind. Class Size Reason for applying

attachment N9700000517
D086922

- Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2 unless you check one or more of the boxes below.
- a If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box ☒ **XX**
- b If you also want the second representative listed to receive a copy of such notices and communications, check this box ☐
- c If you do not want any notices or communications sent to your representative(s), check this box ☐
- 3 **Revocation/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here. ☐
- YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**
- 3 **Signature of taxpayer(s).** If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.
- ▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**



9/11/00
Date

Treasurer/Director
Title (if applicable)

Maria Fandetti

Print Name

Signature

Date

Title (if applicable)

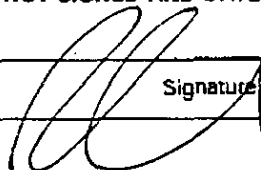
Print Name

Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d Officer—a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
 - h Unenrolled Return Preparer—an unenrolled return preparer under section 10.7(c)(viii) of Treasury Department Circular No. 230.

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.

Designation—Insert letter (a-h)	Jurisdiction (state) or Enrollment Card No.	Signature	Date
a	FL		9/11/00