

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006154

1. Entity Name

AMERICA'S BASEBALL CAMPS, INC.

FILED  
Jan 28, 2000 8:00 am  
Secretary of State

01-28-2000 90124 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 281  
CLEARWATER FL 33757

PO BOX 281  
CLEARWATER FL 33757-0281

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3481530

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

HUGHES, J. WARREN  
4481 122ND AVE N.  
CLEARWATER FL 33762

Name

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

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 D ☐ Delete  
NAME HUGHES, J. WARREN  
STREET ADDRESS PO BOX 281 N/A  
CITY-ST-ZIP CLEARWATER FL 33757

TITLE D ☐ Delete  
NAME TRIMBLE, DAVID  
STREET ADDRESS 4223 LAWN DRIVE 9095 Misty Creek Dr.  
CITY-ST-ZIP SARASOTA FL 34241

TITLE D ☐ Delete  
NAME BOULWARE, BENJAMIN J  
STREET ADDRESS 7725 E ROVERLY AVENUE 15744 E. Thistle  
CITY-ST-ZIP SCOTTSDALE AZ 85250 Dr., Fountain  
Hills, AZ 85268 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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TITLE ☐ Change ☐ Addition  
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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 line empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/00 737-592-9800