

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90004 017 ****61.25

DOCUMENT # N98 000000451

Corporation Name
BASEBALL MUSEUM - HIALEAH, INC.

Principal Place of Business
9555 N KENDALL DRIVE
STE 200 CR
MIAMI, FL 33176

Mailing Address

Principal Place of Business
9555 N KENDALL DRIVE
Suite, Apt. #, etc.
STE 200 CR
City & State
MIAMI, FL
Zip
33176
Country
USA

2a. Mailing Address
9555 N KENDALL DRIVE
Suite, Apt. #, etc.
STE 200
City & State
MIAMI, FL
Zip
33176
Country
USA

3. Date Incorporated or Qualified
1-20-98

4. FEI Number
65-0878645
Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

RICHARD F. JOYCE III
9555 N KENDALL DRIVE
SUITE 200
MIAMI, FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: RICHARD F. JOYCE III RICHARD F. JOYCE III 8-31-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. STREET ADDRESS		1.2 NAME	CHAIRMAN - D
3. CITY-ST-ZIP		1.3 STREET ADDRESS	JOHN VENABLES
4. CITY-ST-ZIP		1.4 CITY-ST-ZIP	9555 N KENDALL DR #200 CR
5. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT - D
6. STREET ADDRESS		2.2 NAME	PAT WHITE
7. CITY-ST-ZIP		2.3 STREET ADDRESS	9555 N KENDALL DR #200 CR
8. CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33176
9. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	VICE CHAIRMAN - D
10. STREET ADDRESS		3.2 NAME	VINCE LOPEZ
11. CITY-ST-ZIP		3.3 STREET ADDRESS	9555 N KENDALL DR #200 CR
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33176
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	TREASURER - D
14. STREET ADDRESS		4.2 NAME	ROBERT CHEETHAM
15. CITY-ST-ZIP		4.3 STREET ADDRESS	2095 W 76 STREET
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP	HIALEAH, FL 33016
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY - D
18. STREET ADDRESS		5.2 NAME	ELOY VILLASUSO
19. CITY-ST-ZIP		5.3 STREET ADDRESS	9555 N KENDALL DR #200 CR
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33176
21. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	GENERAL COUNSEL - D
22. STREET ADDRESS		6.2 NAME	RICHARD F. JOYCE III
23. CITY-ST-ZIP		6.3 STREET ADDRESS	9555 N KENDALL DR., #200 CR
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI, FL 33176

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD F. JOYCE III 8-31-99

Date

Daytime Phone #

305-6655555

CR2E037 (1/98)