


FILE NOW: FILING FEE IS \$61.25

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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90049 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N98000001267</u>			
1. Corporation Name <u>NAPLES BASEBALL CLUB, INC.</u>			
Principal Place of Business <u>141 SHARWOOD DR.</u> <u>NAPLES FLORIDA</u>		Mailing Address <u>PO Box 275</u> <u>NAPLES FL</u> <u>34106</u>	
2. Principal Place of Business 21 <u>141 SHARWOOD DR.</u>	2a. Mailing Address 26 <u>PO Box 275</u>	3. Date Incorporated or Qualified <u>MARCH 3 1998</u>	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <u>52 2086097</u> ✓	Applied For Not Applicable
City & State 23 <u>NAPLES FL</u>	City & State 28 <u>NAPLES FL</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 <u>34110</u>	Country 25 <u>USA</u>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent <u>THOMAS F. HUDGINS ESQ</u> <u>C/O PAULICK SCALF & WOLFF PA</u> <u>801 ANCHOR ROAD DR. # 203</u> <u>NAPLES FL 34103</u>		10. Name and Address of New Registered Agent 81 Name <u>Thomas S. Resop</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>141 SHARWOOD DRIVE</u> 83 84 City <u>NAPLES</u> FL 85 Zip Code <u>34110</u>	
11. 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 <u>Thomas S. Resop</u> President <u>4-26-99</u> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Thomas S. Resop</u> <input type="checkbox"/> DELETE <u>President</u> <u>PO Box 275</u> <u>NAPLES FL 34106</u>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Kathie E Resop</u> <input type="checkbox"/> DELETE <u>PO Box 275</u> <u>NAPLES FL 34106</u>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Neil Atcham</u> <input type="checkbox"/> DELETE <u>101 Seavey Court</u> <u>Naples FL 34104</u>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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

Date

Daytime Phone #

Thomas S. Resop President 4/26/99 941 262 1452
941 514 1911