2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N98000002189 Aug 10, 2000 8:00 am Secretary of State 1. Entity Name SEMINOLE YOUTH BASEBALL INC. 08-10-2000 90008 032 ****70.00 Mailing Address Principal Place of Business 13221 84TH TERRACE N. 13221 84TH TERRACE N. SEMINOLE FL 33776 SEMINOLE FL 33776 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3523146 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DRENTH. MILES B 13221 84TH TERRACE N. **SEMINOLE FL 33776** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change ☐ Delete TITLE TITI F DRENTH, MILES B NAME NAME 13221 84TH TERRACE N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEMINOLE FL 33776 CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE DRENTH, MARY K NAME NAME STREET ADDRESS 13221 84TH TERRACE N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33776_---**VPD** Delete ☐ Change ★ Addition TITLE TITLE CORRADO, STEVE KONALSKI. MICHAEL NAME NAME 13700 74TH AVE N. 12075 RHONDA TERRACE STREET ADDRESS STREET ADDRESS SEMMONE. FR 33776 CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33772 VPD Change Addition TITLE M Delete TITLE NEARY, THOMAS CHAPPIE, JOHN NAME NAME 12701' 915 ST. N. Seminole FL 337 STREET ADDRESS 11301 BELLA LOMA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33774 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truetee 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Daysime Phone #