

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003472

1. Entity Name

CUTLER RIDGE BASEBALL, INC.

Principal Place of Business

7740 SW 178 ST  
MIAMI FL 33157

Mailing Address

7740 SW 178 ST  
MIAMI FL 33157

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

65-0927764

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

PEEPLS, RICHARD H III  
7740 SW 178 ST  
MIAMI FL 33157

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME PEEPLES, RICHARD H III  
STREET ADDRESS 7740 SW 178 ST  
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

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

TITLE 1VPD  
NAME OLIVERA, JOSE  
STREET ADDRESS 16261 SW 287 CT  
CITY-ST-ZIP HOMESTEAD FL 33033 ☐ Delete

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

TITLE 2VPD  
NAME MOSER, DONNA S  
STREET ADDRESS 20320 SW 80 AVE.  
CITY-ST-ZIP MIAMI FL 33189 ☐ Delete

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

TITLE TD  
NAME OLIVERA, CHRISTINE  
STREET ADDRESS 16261 SW 287 ST  
CITY-ST-ZIP HOMESTEAD FL 33033 ☒ Delete

TITLE TSD  
NAME JOANNE E. PEEPLES  
STREET ADDRESS 7740 S.W. 178 ST  
CITY-ST-ZIP MIAMI, FLA. 33157 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICHARD H. PEEPLES III PD 4/27/01 305-282-1006

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90055 003 \*\*\*\*70.00

964876



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)