

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000006788**

1. Entity Name

NAPLES DIAMONDBACKS BASEBALL CLUB, INC.**FILED****Mar 24, 2002 8:00 am**
Secretary of State

03-24-2002 90015 024 ****61.25

Principal Place of Business

Mailing Address

5052 N. TAMiami TR.
NAPLES FL 341035052 N. TAMiami TR.
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3540907

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

DEAVERS, CHERYL L
1823 PRINCESS CT.
NAPLES FL 34110

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DEAVERS, DOUGLAS J
1823 PRINCESS CT
NAPLES FL 34410 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
34110 (ZIP CODES)TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPDT
DEAVERS, CHERYL L
1823 PRINCESS CT
NAPLES FL 34410 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
34110TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PERRINO, GREGORY
1823 PRINCESS CT
NAPLES FL 34410 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
34113TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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 REQUIRED

3/8/02

941 263 4104

Date

Daytime Phone #

CR2E037 (9/01)