

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Jul 13, 2000 8:00 am
Secretary of State

03-30-2000 90019 035 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000000413

1. Entity Name

DAVIE DIAMONDS ALLSTAR TRAVEL BASEBALL, INC.

R

Principal Place of Business

Mailing Address

1716 S.W. 109TH TERRACE
 DAVIE FL 33324

1716 S.W. 109TH TERRACE
 DAVIE FL 33324-7179

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

52-2151700

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

BELYEU, DANIEL W
11829 S.W. 42ND COURT
DAVIE FL 33330

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 **PRESIDENT** ☐ Delete
 NAME **RIC BUTNER**
 STREET ADDRESS **1716 SW 109 TERR**
 CITY-ST-ZIP **DAVIE, FL 33324**

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

TITLE **VICE PRESIDENT** ☐ Delete
 NAME **DANIEL BELYEU**
 STREET ADDRESS **11829 SW 42 CT**
 CITY-ST-ZIP **DAVIE, FL 33330**

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

TITLE **SECRETARY** ☐ Delete
 NAME **BARBARA BELYEU**
 STREET ADDRESS **11829 SW 42 CT**
 CITY-ST-ZIP **DAVIE, FL 33330**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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:

NOT REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-24-00
 Date

583-6816
 Daytime Phone