

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000458

1. Entity Name

HURRICANE BASEBALL BOOSTER CLUB OF PALM HARBOR,

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT -9 AM 9:08

Principal Place of Business

1900 OMAHA STREET  
PALM HARBOR FL 34683

Mailing Address

1900 OMAHA STREET  
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

P.O. Box 931

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor FL

Zip

Country

34682

Country

DO NOT WRITE IN THIS SPACE  
01-29-01 90055 029 \$70.00

4. FEI Number 59-3563475

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

PACHIK, MIKE  
12450 AUTOMOBILE BLVD.  
CLEARWATER FL 33762

Name

Street A

City

called today -  
was told to mail  
this copy in  
never received

8. The above named entity submits this statement for the purpose of changing its registered office or

a notice in January

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature)

Mary Ellen Fresh

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

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	D	NAME	CLAWSON, KEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			1900 OMAHA ST.	
CITY-ST-ZIP			PALM HARBOR FL 34683	
TITLE	D	NAME	BELL, R J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			1563 WILLOW BROOK DR.	
CITY-ST-ZIP			PALM HARBOR FL 34683	
TITLE	D	NAME	PACHIK, MIKE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			12450 AUTOMOBILE BLVD.	
CITY-ST-ZIP			CLEARWATER FL 33762	
TITLE	D	NAME	BOLDEN, CINDY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			2948 SHANNON CIR	
CITY-ST-ZIP			PALM HARBOR FL 34684	
TITLE	D	NAME	RAY, PHYLLIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			2333 BARCELONA DR.	
CITY-ST-ZIP			PALM HARBOR FL 34683	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

TITLE	D	NAME	Greg Nichols	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			533 Scotland	
CITY-ST-ZIP			Dunedin FL 34698	
TITLE	D	NAME	Mary Ellen Fresh	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			980 19th St.	
CITY-ST-ZIP			Palm Harbor FL 34683	
TITLE	D	NAME	Sid Heuton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2716 Hamble Village	
CITY-ST-ZIP			Palm Harbor FL 34684	
TITLE	D	NAME	Janet Tyler	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2344 Stillwater Ct.	
CITY-ST-ZIP			Palm Harbor, FL 34684	
TITLE	D	NAME	Phyllis Ray	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2333 Barcelona	
CITY-ST-ZIP			Dunedin, FL 34698	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
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 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:

Mary Ellen Fresh

10-5-01 727-786-7090

CR2E037 (5/01)