2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900000458 1. Entity Name HURRICANE BASEBALL BOOSTER CLUB OF PALM HARBOR					3,) PH 12: 50	
INC.				TO OR WE INTE			SECRETAR	Y OF STATE SEE, FLORIDA		
Principal Plac	ce of Business			ng Address				IVITALIVO	Maker Charles and	
1900 OMAHA STREET PALM HARBOR FL 34683				P.O. BOX 931 PALM HARBOR FL 34682 3. Mailing Address		The	REINSTATEMENT 2003			2 <i>0</i> 03
2. Principal Place of Business Suite, Apt. #, etc.		3. Mai								
		Su	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			Cit	City & State			4. FEI Number	59-3563475		Applied For lot Applicable
Zip		Country	Zip	p	Country		5. Certificate of	Status Desired	S8.75 Ac	dditional
	6. Name a	and Address of Curr	ent Registere	ad Agent	Non	. 11	7. Name and Ad	idress of New Re	gistered Agent	
PACHIK, MIKE 12450 AUTOMOBILE BLVD.					Name May Ellen Fresh					
				Stree	* AP 8	BO. Bershumber i	SHEET O			
CLEARW	ATER FL 337	′62								
					City	Dalm	Harbon		FL Z	*82
			nt for the purp	pose of changing its re	egistered offic	e or register	ed agent, or both, i	n the State of Flori	da. I am familiar with	, and accept
	e named entity tions of register Mark Signature, typed or	red agent. Willer (rush	, Ma	egistered offic	en Fr	esh		da. I am familiar with 7 - 210-03 DATE	, and accept
the obligat	Signature, typed or	red agent. Willer (agent and title if app	, Ma	Registered Agent si	gnature required	esh	Make	7-26-03	- to
the obligat	Signature, typed or FILE NOW: tember 10, 2	red agent. reflied name of registered a	agent and title if app	9. Election Camp Trust Fund Co	Registered Agent si	gnature required	when reinstating) \$5.00 May Be Added to Fees	Make Florida	7 - 2Lo-O3 DATE Check Payable	to State
the obligation of the obligati	Signature, typed or FILE NOW: tember 10, 2	FEE IS \$61.25 2003, min will be	agent and title if app	9. Election Camp Trust Fund Co	Registered Agent si paign Financin patribution.	gnature required	when reinstating) \$5.00 May Be Added to Fees	Make Florida	7 - 2Lo-O3 DATE Check Payable Department of	to State
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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 attackment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP