

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005254

1. Entity Name

HURRICANES BASEBALL CLUB, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90086 008 ****61.25

Principal Place of Business

13829 MANDARIN ROAD
JACKSONVILLE FL 32223

Mailing Address

13829 MANDARIN ROAD
JACKSONVILLE FL 32223-2555

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO Box 600431

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip 32260-0431

Country

USA

4. FEI Number

59-3595634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, ROB
13829 MANDARIN ROAD
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME ~~Director~~
STREET ADDRESS Mike Hurley
CITY-ST-ZIP 12568 Dunraven Trail
Jacksonville, FL 32223

TITLE ☐ Delete
NAME Director
STREET ADDRESS Steve Maulbetzch
CITY-ST-ZIP 10876 Lipizzan Drive
Jacksonville, FL 32257

TITLE ☐ Delete
NAME Director
STREET ADDRESS Rob Hughes
CITY-ST-ZIP 13829 Mandarin Rd.
Jacksonville, FL 32223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
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:

Rob Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/00

904-262-5181

Date

Daytime Phone #