

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006606

1. Entity Name

LAKELAND WARRIORS BASEBALL, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90149 012 ****61.25

Principal Place of Business

6633 N. SOCRUM LOOP RD.
 LAKELAND FL 33809

Mailing Address

6633 N. SOCRUM LOOP RD.
 LAKELAND FL 33809-4182

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

59-3628104

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

MANCUSO, CHRISTINE A
 6633 N. SOCRUM LOOP RD.
 LAKELAND FL 33809

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 ☐ Delete
 NAME D
 STREET ADDRESS MANCUSO, PETER A SR.
 CITY-ST-ZIP 6413 FERNWOOD DR.
 LAKELAND FL 33810

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

TITLE ☒ Delete
 NAME D
 STREET ADDRESS ARAUJO, GLEN
 CITY-ST-ZIP 1257 TIMBERIDGE DR.
 LAKELAND FL 33809

TITLE ☐ Change ☒ Addition
 NAME David Darby
 STREET ADDRESS 3735 Verna Ct.
 CITY-ST-ZIP Lakeland, FL 33813

TITLE ☒ Delete
 NAME D
 STREET ADDRESS STIRZ, TONY
 CITY-ST-ZIP 3535 JACQUE LEE LANE
 LAKELAND FL 33803

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GATHANY, CAROLEE
 CITY-ST-ZIP 516 CAROLYN DR.
 LAKELAND FL 33803

TITLE ☒ Change ☐ Addition
 NAME D.
 STREET ADDRESS Carolee Gathney - Ratzel
 CITY-ST-ZIP 5127 St. Lucia
 Lakeland, FL 33813

TITLE ☒ Delete
 NAME D
 STREET ADDRESS ROCKHOLD, LAWRENCE
 CITY-ST-ZIP 4629 DILLWYN DR.
 LAKELAND FL 33813

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 863-853-2757

CR2E037 (9/99)