

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000055126

1. Entity Name
JIM SPOONER BASEBALL CAMP, INC.



FILED 59
03 JUN 2003 7:50 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9040 ASHVILLE DR.
PENSACOLA FL 32514

Mailing Address
9040 ASHVILLE DR.
PENSACOLA FL 32514



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

01-0738980

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

SPOONER, JIM
9040 ASHVILLE DR.
PENSACOLA FL 32514

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
SPOONER, JIM
9040 ASHVILLE DR.
PENSACOLA FL 32514 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500020682735
06/09/03 01063 009 ***150.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
D
SPOONER, JIM
9040 ASHVILLE DR.
PENSACOLA FL 32514 ☐ Delete

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☐ Change ☐ Addition

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 607, 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:

Jim Spooner
Jim Spooner

Date

Daytime Phone #

6/2/03

4/5/03

(850) 384-7482

CR2E034 (10/02)

0068742 AV

June 2, 2003

Jim Spooner Baseball Camp, Inc.
9040 Ashville Dr.
Pensacola, FL 32514

Division of Corporations
Uniform Business Report Filings
P.O. 6327
Tallahassee, FL 32314

To Whom It May Concern:

Thank you for your assistance with my inquiry last week. Because my check sent in early April has not cleared the bank, I have placed a stop payment on it and am reissuing along with this replacement document. If I need to do anything else, please contact me at (850) 477-5369, which is my home number or (850) 384-7482.

Once again I appreciate your help.

Sincerely,


Jim Spooner