

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000009544

1. Entity Name

BATTING WORLD, INC.

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

04-25-2000 90035 031 ***150.00

Principal Place of Business 5025 FREEPORT DRIVE SPRING HILL FL 34606 US	Mailing Address 5025 FREEPORT DRIVE SPRING HILL FL 34606-1419 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	59-3153294	Applied For
Zip	Country	Zip	Country	Not Applicable



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZEFIRETTO, TONY
5026 FREEPORT DRIVE
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name
DONALD VENDRONE
Street Address (P.O. Box Number is Not Acceptable)
5025 FREEPORT DRIVE
City
SPRING HILL FL Zip Code
34606

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 * *Donald Vendrone* (NOTE: Registered Agent signature required when reinstating) DATE *4-5-00*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT VENDRONE, DONALD 5025 FREEPORT DR SPRING HILL FL 34606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV ZEFIRETTO, LIBORIO 9052 BAY DR. SPRING HILL FL 34606 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ZEFIRETTO, TONY 5026 FREEPORT DR. SPRING HILL FL 34606 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JASON VENDRONE 5251 DELTONA BLVD SPRING HILL FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TRACIE VENDRONE 5251 DELTONA BLVD SPRING HILL FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARLENE VENDRONE 5026 FREEPORT DR SPRING HILL FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: * *Donald Vendrone* Date *4-5-00* Daytime Phone # *352 443 644*

CR2E034 (9/99)