

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029912

1. Entity Name

JUPITER HAMMERHEADS BASEBALL CLUB, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90546 025 ***150.00

Principal Place of Business

Mailing Address

ROGER DEAN STADIUM
 4751 MAIN ST
 JUPITER FL 33458
 US

P O BOX 8929
 JUPITER FL 33468-8929
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
 Roger Dean Stadium

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 8929

City & State

City & State
 Jupiter, FL

4. FEI Number 65-0472934

Applied For

Not Applicable

Zip

Country

Zip
 33468-8929

Country
 US

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

RABENECKER, ROBERT E., JR.
 4751 MAIN STREET
 JUPITER FL 33458

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
 NAME BROCHU, CLAUDE R
 STREET ADDRESS 3445 REDPATH ST.
 CITY-ST-ZIP MONTREAL QC H3G2G-7

TITLE P ☒ Change ☐ Addition
 NAME Jeffrey H. Loria
 STREET ADDRESS 19 East 72nd Street
 CITY-ST-ZIP New York, NY 10021

TITLE VD ☒ Delete
 NAME STONEMAN, WILLIAM H
 STREET ADDRESS 17 WILLOW P.O. BOX 386
 CITY-ST-ZIP HUDSON QC JOP1H-0

TITLE V ☒ Change ☐ Addition
 NAME David P. Samson
 STREET ADDRESS 19 East 72nd Street
 CITY-ST-ZIP New York, NY 10021

TITLE VD ☐ Delete
 NAME RABENECKER, ROBERT E
 STREET ADDRESS 3726 SAVOY LANE
 CITY-ST-ZIP W. PALM BCH. FL 33417

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

TITLE TS ☒ Delete
 NAME CARPENTIER, LAURIER M
 STREET ADDRESS 476 JUBILEE CRESCENT
 CITY-ST-ZIP BEACONSFIELD QC H9W5L-2

TITLE VTS ☒ Change ☐ Addition
 NAME Michel Bussiere
 STREET ADDRESS 671 36th AVENUE
 CITY-ST-ZIP LACHINE, QC, H8T 3L1

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)