

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90035 041 \*\*\*150.00

DOCUMENT # P94000025253

1. Corporation Name

DOUBLE PLAY INVESTMENTS, INC.

Principal Place of Business

6770 PELICAN BAY BLD.  
STE. 224  
NAPLES FL 34108  
US

Mailing Address

6770 PELICAN BAY BLD.  
STE. 224  
NAPLES FL 34108  
US

2. Principal Place of Business

21 95 Ponte Vedra Colony  
Suite, Apt. #, etc.

2a. Mailing Address

26 95 Ponte Vedra Colony  
Suite, Apt. #, etc.

City & State

23 Ponte Vedra Beach, FL

City & State

28 Ponte Vedra Beach, FL

Zip

24 32082

Country

25 USA

Zip

29 32082

Country

30 USA

9. Name and Address of Current Registered Agent

WEBER, BRYAN L  
6770 PELICAN BAY BLD.  
STE. 224  
NAPLES FL 34108

change address →

3. Date Incorporated or Qualified

03/29/1994

4. FEI Number

65-0482218

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐

Yes

☒

No

10. Name and Address of New Registered Agent

81 Name (Same)

82 Street Address (P.O. Box Number is Not Acceptable)

95 Ponte Vedra Colony

83

84 City Ponte Vedra Beach

FL

85 Zip Code 32082

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WEBER, BRYAN L  
STREET ADDRESS 6770 PELICAN BAY BLD.  
CITY-ST-ZIP NAPLES FL

change address →

TITLE D ☐ DELETE

NAME NICEWONDER, J D  
STREET ADDRESS 6770 PELICAN BAY BLD.  
CITY-ST-ZIP NAPLES FL

change address →

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

95 Ponte Vedra Colony  
Ponte Vedra Beach, FL 32082

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1488 Bristol E. Rd.  
Bristol, VA 24201

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bryan L. Weber Director

3-3-99

904-562-9500

Date

Daytime Phone #

CR2E034 (11/98)