2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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May 24, 2000 8:00 am Secretary of State DOCUMENT # **P94000081355** FLORIDA BATTING CAGES, INC. 05-24-2000 90168 012 ***150.00 Principal Place of Business Mailing Address 1260 BELLE AVENUE 1260 BELLE AVE WINTER SPRINGS FL 32708-2964 WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3304773 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAZELETT, DENISE D Street Address (P.O. Box Number is Not Acceptable) 1260 BELLE AVENUE WINTER SPRINGS FL 32708 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE HAZELETT, TERRY NAME NAME STREET ADDRESS 1211 WAVERLY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Change ☐ Addition ☐ Delete TITLE DEVOE-HAZELETT, DENISE NAME NAME STREET ADDRESS STREET ADDRESS 1211 WAVERLY WAY CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED