

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90107 044 ***150.00

DOCUMENT # P94000083393

1. Corporation Name

KOTCHMAN BASEBALL SCHOOL INC.

Principal Place of Business

12512 PARK BLVD.
SEMINOLE FL 34646

Mailing Address

P.O. BOX 8171
SEMINOLE FL 34645

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1994

4. FEI Number

59-3279811

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☒ Yes

☐ No

2. Principal Place of Business

21 11567 88th Ave N

2a. Mailing Address

26 P.O. Box 8171

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SEMINOLE, FL

City & State

28 SEMINOLE, FL

Zip

24 33772

Country

25 U.S.A.

Zip

29 33775

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

KOTCHMAN, RANDY J
12512 PARK BLVD.
SEMINOLE FL 34646

SAME
AGENT
NEW
ADDRESS

10. Name and Address of New Registered Agent

81 Name

KOTCHMAN, RANDY J.

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

11567 88th Ave N.

83

84 City

SEMINOLE

FL

85 Zip Code

33772

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 PST ☐ DELETE

NAME KOTCHMAN, RANDY J
STREET ADDRESS 12512 PARK BLVD.
CITY-ST-ZIP SEMINOLE FL 34646

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition

1.2 NAME KOTCHMAN, RANDY J
1.3 STREET ADDRESS 11567 88th AVE N.
1.4 CITY-ST-ZIP SEMINOLE, FL 33772

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

Randy J. Kotchman

RANDY J. KOTCHMAN President 1-11-99

(727) 319-5665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

042775