

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000083393

1. Entity Name
KOTCHMAN BASEBALL SCHOOL INC.

Principal Place of Business
11567 88TH AVE N
SEMINOLE FL 33772
US

Mailing Address
P.O. BOX 8171
SEMINOLE FL 33775

2. Principal Place of Business

3635 131st Ave N
Suite, Apt. #, etc.
CLEARWATER FL

3. Mailing Address

11567 88th Ave N
Suite, Apt. #, etc.
SEMINOLE FL 33772

City & State
33762

City & State

Zip Country *U.S*

Zip Country

U.S

4. FEI Number

59-3279811

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOTCHMAN, RANDY J
11567 88TH AVE N
SEMINOLE FL 33772

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 *Randy J. Kotchman President* *Randy J. Kotchman* 4-23-02

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, 2002 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 **V**
NAME KOTCHMAN, MARGARITA Y
STREET ADDRESS 11567 88TH AVE N
CITY-ST-ZIP SEMINOLE FL 33772

Delete

TITLE **Vice PRESIDENT**
NAME KOTCHMAN, MARGARITA Y
STREET ADDRESS 11567 88th Ave N
CITY-ST-ZIP SEMINOLE, FL 33772

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 empowerments.

SIGNATURE: *Randy J. Kotchman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 (727) 0348 432-
Daytime Phone #

CR2E034 (9/01)