

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
 03-06-2000 90103 046 ***158.75

DOCUMENT # P95000087141

1. Entity Name
WRH BASEBALL, INC.

Principal Place of Business Mailing Address
 100 SECOND AVENUE SOUTH, SUITE 800 100 SECOND AVENUE SOUTH, SUITE 800
 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701-4337

L0032933



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|----------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3352066 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| GERMAIN, BONNIE M 100 SECOND AVENUE SOUTH, SUITE 800 ST. PETERSBURG FL 33701 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | | |
| | | | | <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | |

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 _____ (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. ☐ **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 | D | <input checked="" type="checkbox"/> Delete | | TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | HOUGH, WILLIAM R | | | NAME | Fred Hemmer | | |
| STREET ADDRESS | 100 SECOND AVENUE SOUTH, SUITE 800 | | | STREET ADDRESS | 111 Second Ave. NE | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33701 | | | CITY-ST-ZIP | St. Petersburg, FL 33701 | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FORD, HARVEY A. | | | NAME | | | |
| STREET ADDRESS | 270 1 S-AVE S STE 300 | | | STREET ADDRESS | 501 1st Ave. N. | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | | CITY-ST-ZIP | St. Petersburg, FL 33701 | | |
| TITLE | DPT | <input type="checkbox"/> Delete | | TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | DICKSON, ROY R. | | | NAME | William Tapp | | |
| STREET ADDRESS | 100 SECOND AVENUE SOUTH, STE 800 | | | STREET ADDRESS | 13577 Feather Sound Dr. | | |
| CITY-ST-ZIP | ST PETE FL 33701 | | | CITY-ST-ZIP | Clearwater, FL 33762 | | |
| TITLE | S | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GERMAIN, BONNIE M | | | NAME | | | |
| STREET ADDRESS | 100 SECOND AVE SOUTH STE 800 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ST PETE FL 33701 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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.

SIGNATURE: Bonnie M. Germain **2/28/00** **727/825-7718**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Bonnie M. Germain, Secretary

CR2E034 (9/99)