

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90034 019 \*\*\*158.75

**DOCUMENT # P95000087141**

1. Entity Name

**WRH BASEBALL, INC.**

Principal Place of Business

**100 SECOND AVENUE SOUTH, SUITE 800  
ST. PETERSBURG FL 33701**

Mailing Address

**100 SECOND AVENUE SOUTH, SUITE 800  
ST. PETERSBURG FL 33701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3352066**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BERTOLINO, BONNIE G  
100 SECOND AVENUE SOUTH, SUITE 800  
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

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

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 **D** ☒ Delete  
NAME **HEMMER, FRED**  
STREET ADDRESS **111 SECOND AVE. NE**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**TITLE **Director** ☐ Change ☒ Addition  
NAME **Amy Campbell**  
STREET ADDRESS **111 Second Avenue N.E.**  
CITY-ST-ZIP **St. Petersburg, FL 33701**TITLE **D** ☒ Delete  
NAME **FORD, HARVEY A.**  
STREET ADDRESS **501 1ST AVE. N.**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**TITLE **Director** ☐ Change ☒ Addition  
NAME **Jeannette Couch**  
STREET ADDRESS **501 1st Avenue North, Suite 1000**  
CITY-ST-ZIP **St. Petersburg, FL 33701**TITLE **DPT** ☒ Delete  
NAME **DICKSON, ROY R**  
STREET ADDRESS **100 SECOND AVENUE SOUTH, STE 800**  
CITY-ST-ZIP **ST PETE FL 33701**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **S** ☐ Delete  
NAME **BERTOLINO, BONNIE G**  
STREET ADDRESS **100 SECOND AVE SOUTH STE 800**  
CITY-ST-ZIP **ST PETE FL 33701**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **TAPP, WILLIAM**  
STREET ADDRESS **13577 FEATHER SOUND DR.**  
CITY-ST-ZIP **CLEARWATER FL 33762**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DPT** ☐ Delete  
NAME **DOTY, JEFFREY S**  
STREET ADDRESS **100 SECOND AVENUE, SUITE 800**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jeffrey S. Doty, President, Treasurer and Director**

4/29/02

Date

727/825-7734

Daytime Phone #

CR2E034 (9/01)