

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019082

1. Entity Name  
**M M & M BASEBALL, INC.**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90029 013 \*\*\*150.00

Principal Place of Business

**2502 WHARTON CT  
TALLAHASSEE FL 32308**

Mailing Address

**2502 WHARTON CT  
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

**2502 Double Eagle Ct. 2502 Double Eagle Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>		4. FEI Number <b>59-3444046</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32312</b>	Country <b>Leon</b>	Zip <b>32312</b>	Country <b>Leon</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, CAROL  
2502 WHARTON CT  
TALLAHASSEE FL 32308**

Name  
**Martin, Carol**  
Street Address (P.O. Box Number is Not Acceptable)  
**2502 Double Eagle Ct.**  
City  
**Tallahassee** FL Zip Code  
**32312**

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. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTIN, MICHAEL JR.</b> <b>2502 WHARTON CT</b> <b>TALLAHASSEE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Martin, Michael Jr.</b> <b>2502 Double Eagle Ct.</b> <b>Tallahassee, FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Carol Michael Martin Jr.** **Michael Martin, Jr.** 4/11/01 893-2746  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)