

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030375

1. Entity Name

ALL STAR BASEBALL SCHOOL INC.

Principal Place of Business

Mailing Address

1801 8TH STREET N
ST PETERSBURG FL 33704

1801 8TH STREET N
ST PETERSBURG FL 33704-3525

2. Principal Place of Business

340 21st AVE. N.E.

Suite, Apt. #, etc.

3. Mailing Address

340 21st AVE. N.E.

Suite, Apt. #, etc.

City & State

ST. Pete FL.

City & State

ST. Pete FL.

4. FEI Number

59-3502332

Applied For

Not Applicable

Zip

33704

Country

USA

Zip

33704

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACCOUNTING & TAX HELP, INC.
8668 PARK BLVD SUITE A
SEMINOLE FL 33777

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, 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	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
P	WILSON, CHRISTOPHER S	1801 8TH ST N	ST PETERSBURG FL 33704	<input type="checkbox"/>					<input type="checkbox"/>
	Wilson Christopher	340 21st AVE N.E.	ST. Pete FL. 33704	<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>

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:

Christopher S. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00
Date

727 6848-2023
Daytime Phone #