

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105431

1. Entity Name

BASEBALL BAR CORPORATION

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90120 003 ***150.00

Principal Place of Business P.O. BOX 338 NAPLES FL 34106	Mailing Address P.O. BOX 338 NAPLES FL 34106-0338
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3571031**

Applied For
Not Applicable

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

HOLCHER, MAX A
~~600 5TH AVE. SO., STE. 303~~ 1000 9th St. No., Ste. 502
 NAPLES FL 32103 34103

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 _____ (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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	PEREZ, CARLOS		
2706 HORSESHOE DR S 101			
NAPLES FL 34104			
T	HOLCHER, MAX A		
600 FIFTH AVE S STE 303 1000 9th St. No., Ste. 502			
NAPLES FL 34102 Naples, FL 34103			

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: Max A. Holcher 4/20/00 941-649-7227
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR1 0014 (M/F)