

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

04-21-2000 90171 050 ***150.00

DOCUMENT # P99000040595

1. Entity Name

WEST BOCA TRAVEL BASEBALL, INC.

Principal Place of Business

Mailing Address

19662 ESTUARY DRIVE
 BOCA RATON FL 33498

19662 ESTUARY DRIVE
 BOCA RATON FL 33498-6201

2. Principal Place of Business

3. Mailing Address

19498 BLACK OLIVE LN
 Suite, Apt. #, etc.

19498 BLACK OLIVE LN
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

BOCA RATON FL 33498

BOCA RATON FL

4. FEI Number

65-0939487

Applied For

Not Applicable

Zip
33498

Country

Zip
33498

Country

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

COHEN, MATTHEW J
 19662 ESTUARY DRIVE
 BOCA RATON FL 33498

Name **RICHARD ALBANESE**
 Street Address (P.O. Box Number is Not Acceptable)

19498 BLACK OLIVE LANE
 City **BOCA RATON FL** Zip Code **33498**

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 *Richard Albanese, Inc.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-14-00
 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	DP DEDECKER, DENISE 10733 MAPLECHASE DRIVE BOCA RATON FL 33498 <i>Delete</i>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEDECKER, MARC 10733 MAPLECHASE DRIVE BOCA RATON FL 33498 <i>Delete</i>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PEPE, JERRY 10733 MAPLECHASE DRIVE BOCA RATON FL 33498	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPANELLI, CARL 10733 MAPLECHASE DRIVE BOCA RATON FL 33498	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSHOLLEK, TIM 10733 MAPLECHASE DRIVE BOCA RATON FL 33498	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, ROBERT 10733 MAPLECHASE DRIVE BOCA RATON FL 33498	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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: *Richard Albanese, Inc.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00 **561-241-6404**
 Date Daytime Phone #