

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**  
 04-24-2001 90231 045 \*\*\*158.75

**DOCUMENT # P99000040595**

1. Entity Name

**WEST BOCA TRAVEL BASEBALL, INC.**

Principal Place of Business

**19498 BLACK OLIVE LANE  
 BOCA RATON FL 33498**

Mailing Address

**19498 BLACK OLIVE LANE  
 BOCA RATON FL 33498**

2. Principal Place of Business

**802 W. PALMETTO PK RD**

Suite, Apt. #, etc.

3. Mailing Address

**802 W. PALMETTO PK RD**

Suite, Apt. #, etc.

City & State

**BOCA RATON FL.**

City & State

**BOCA RATON FL.**

4. FEI Number

**65-0939487**

Applied For

Not Applicable

Zip

Country

**33486**

**USA**

Zip

Country

**33486**

**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

**ALBANESE, RICHARD  
 19498 BLACK OLIVE LANE  
 BOCA RATON FL 33498**

Name

**GERARD J. PEPE PRES.**

Street Address (P.O. Box Number is Not Acceptable)

**802 W. PALMETTO PK RD.**

City

**BOCA RATON**

FL

Zip Code

**33486**

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

*Gerard J. Pepe*

**GERARD J. PEPE**

**2/10/01**

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, 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 **P** ☐ Delete  
 NAME **PEPE, JERRY**  
 STREET ADDRESS **10733 MAPLECHASE DRIVE**  
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **CAMPANELLI, CARL**  
 STREET ADDRESS **10733 MAPLECHASE DRIVE**  
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **KOSHOLLEK, TIM**  
 STREET ADDRESS **10733 MAPLECHASE DRIVE**  
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **MATTHEWS, ROBERT**  
 STREET ADDRESS **10733 MAPLECHASE DRIVE**  
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **sect.** ☐ Change ☒ Addition  
 NAME **DENISE M. KosholleK**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Gerard J. Pepe* **GERARD J. PEPE**

Date

Daytime Phone #

CR2E034 (10/00)