FILED

Sep 10, 2003 8:00 am Secretary of State

09-10-2003 90062 027 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000040595

Entity Name

WEST BOCA TRAVEL BASEBALL, INC.

Princip:	al Pla	ice o	f Bu	siness

10582 MAPLE CHASE DR BOCA RATON FL 33498 Mailing Address

10582 MAPLE CHASE DR BOCA RATON FL 33498

2. Principal Place of Business 7301-4 (D Palmetto PK EC Suite Api. #, etc. Suite 305C		3. Mailing Address 7301-A W Palmetto Pt Ci Suite, Apt. #, etc. Suite 305 C		1 NOCHOUS REPORTED THE TRANSPORT OF THE STATE ST			
				☐ CHECK HERE IF MAKING CHANGES			
City & State	PATON FL	City & State	TON FC	4. FEI Number 65-0939487 Applied For Not Applicable			
Zip 3343	Country S USA	Zip 33433	Country U.S.A	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current Ro	egistered Agent		7. Name and Address of New Registered Agent			
				Name Be140 MCMAHON			
CAMPANELLI, CARL A			Street A	Street Address (P.O. Box Number is Not Acceptable) 7301-A Palmetlo Park Rd			
10582 MAPLE CHASE DR			—				
BOCA RATON FL 33498			<u> </u>	Sute sos c			
·			City	Boca Raton FL 33423			
	named entity submits this statement for toons of registered agent. LUMU Signature, typed or printed name of registered agent and	22		or registered agent, or both, in the State of Florida. I am familiar with, and accept 9/5/03 DATE			
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of S	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPANELLI, CARL 10582 MAPLE CHASE DR BOCA RATON FL 33498	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	CAMPANELLI, CARL Change Addition 10582 MAPLE CHASE DC BOCA BATON \$\(\) 33498			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD CONAWAY 1020S Obrchester Dr 13428			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS* CITY-ST-ZIP	DOMINICK LAUDA			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brian McMahon			
TITLE NAME Street address City-St-Zip		, Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition			
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNALLY OFFICER OR DIRECTOR

561-305-4393

Daytime Phone

R2E034 (10/02