## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 20, 2002 8:00 am Secretary of State DOCUMENT # N01000001194 1. Entity Name GODBY BASEBALL BOOSTERS, INC. 05-20-2002 90096 030 \*\*\*\*61.25 Principal Place of Business Mailing Address 1717 W THARPE ST. P.O. BOX 38171 TALLAHASSEE FL 32303 TALLAHASSEE FL 32315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WATERS, RUSS Street Address (P.O. Box Number is Not Acceptable) 1011 REDBUD AVE TALLAHASSEE FL 32303 City 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. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** The local to a new con-OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DPublish This Telete TITLE 96 Change ☐ Addition ČLARK, HOWARD F NAME NAME Bane 3' Running Meddows Lane Lahas see, F(32303 4453 COOL EMERALD DR STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP CITY-ST-ZIP DV TITLE Delete TITLE Change ☐ Addition Waters, Russ NAME NAME Zames, 1011 REDBUD AVE STREET ADDRESS STREET ADDRESS Camden Rd CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-7IP TITLE Delete . TITLE - □ Change Addition PARKER, RHONDA NAME NAME STREET ADDRESS 1105 ROCKBROOK CT STREET ADDRESS Sherborne Rd CITY-ST-ZIP TALLAHASSEE FL 32311 CITY-ST-ZIP <u>hassee, Fl 32303</u> TITLE Change - Delete Addition WILLIAMS, PEGGY waters ikuss NAME 1916 SHERWOOD DR 1011 Redbud Ave STREET ADDRESS STREET ADDRESS TALLAHASSEE FL: 32303 Tallahassee Fl 32303 CITY-ST-ZIP CITY-ST-ZIP D៖ សាទ ខាងស៊ីស៊ីន ៩ TITLE Delete TITLE Addition Terri REICHERT, PHIL NAME NAME 4254 CAMDEN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tallahassee FL 32303 CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 617, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR