


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90011 003 ****61.25

DOCUMENT # N97000006987

1. Entity Name
JEFFERSON COUNTY BABE RUTH LEAGUE, INC.



Principal Place of Business
**655 PUGSLEY DRIVE
MONTICELLO FL 32344
US**

Mailing Address
**PO BOX 888
MONTICELLO FL 32344
US**

2. Principal Place of Business
497 Cedar lane

3. Mailing Address

Suite, Apt. #, etc.

City & State
Monticello FL

City & State
Monticello FL

City & State

Zip
32344

Country
VSA

Zip

Country

4. FEI Number **31-1584850**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BIRD, T. BUCKINGHAM
385 NORTH JEFFERSON STREET
MONTICELLO FL 32344**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAYLOR, BARBARA T 655 PUGSLEY DRIVE MONTICELLO FL 32344 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOYNER, FELIX 422 WHITEHOUSE RD. LLOYD FL 32337 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JERGER, ANDREA 364 NURSERY RD. MONTICELLO FL 32344 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAYLOR, HARRY M 655 PUGSLEY DRIVE MONTICELLO FL 32344 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERGER, DEAN 364 NURSERY RD. MONTICELLO FL 32344 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, BOBBY ROUTE 5, BOX 5065 MONTICELLO FL 32344 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Robin AVRETT 497 Cedar Ln Monticello FL 32344 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Dean Jerger 364 Nursery RD Monticello FL 32344 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Susan Lox Magnolia Ridge Monticello FL 32344 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Steve Register 655 N. Olive ST Monticello, FL 32344 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Felix Joyner 422 Whitehouse RD Lloyd FL 32337 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 the 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 REQUIRED**

850-386-2114

CR2E037 (10/02)