

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90042 041 ****61.25

DOCUMENT # N98000005628

1. Entity Name

TALLAHASSEE-LEON BABE RUTH WORLD SERIES, INC.

Principal Place of Business

Mailing Address

216 S. MONROE ST., STE. 200
 TALLAHASSEE FL 32301

216 S. MONROE ST., STE. 200
 TALLAHASSEE FL 32301-0508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

301 South Bronough Street

301 South Bronough Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number

59-3534822

Applied For

Not Applicable

Zip
32301

Country
Leon

Zip
32301

Country
Leon

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

HERRON, MARK ESQ
216 S. MONROE ST., STE. 200
TALLAHASSEE FL 32301

Name

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

301 South Bronough Street, Suite 200

City

Tallahassee,

FL

Zip Code
32301

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	HARRIS, BOB L	
STREET ADDRESS	216 S. MONROE ST., STE. 200	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	MEREDITH, CINDY	
STREET ADDRESS	2748 MCFARLANE CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARSH, JIM	
STREET ADDRESS	7107 SUMMIT RIDGE DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROADY, CHRIS	
STREET ADDRESS	3505 OAK HILL TR.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	301 South Bronough Street, Suite 200	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herron, Mark	
STREET ADDRESS	301 South Bronough Street, Suite 200	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/00 850-222-3471
 Date Daytime Phone #

CR2E037 (9/99)