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

FILED
May 27, 2004 8:00 am
Secretary of State
05-27-2004 90014 006 ****61.25

DOCUMENT # N99000005173

1. Entity Name

P.S.L. Babe Ruth Baseball League, Inc

DO NOT WRITE IN THIS SPACE

24077195

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PO Box 880303	PO Box 880303
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St Lucie FL	City & State: Port St. Lucie FL
Zip: 34988 Country: USA	Zip: 34988 Country: USA

4. FEI Number 65-0953062 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Michael Debish

Street Address (P.O. Box Number is Not Acceptable): 3626 SW Parson St.

City: Port St Lucie FL Zip Code: 34953

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: Michael Debish Michael Debish President 5/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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	DP
NAME	Michael Debish
STREET ADDRESS	3626 SW Parson St.
CITY-ST-ZIP	Port St Lucie, FL 34953
TITLE	DVP
NAME	Mitz Syler
STREET ADDRESS	1875 SW Bellview Terr.
CITY-ST-ZIP	Port St. Lucie, FL 34953
TITLE	DT
NAME	Michael Debish
STREET ADDRESS	3626 SW Parson St.
CITY-ST-ZIP	Port St Lucie, FL 34953
TITLE	DS
NAME	Desiree May
STREET ADDRESS	1633 SW Gadson Ave
CITY-ST-ZIP	Port St Lucie, FL 34953
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NAME	
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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Debish Michael Debish President 5/21/04 772-336-1045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #