

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006016

Entity Name: NORTH FORT MYERS BABE RUTH LEAGUE INC**Current Principal Place of Business:**

NORTH BASEBALL
17940 N TAMIAMI TRAIL STE 110 PMB 164
NORTH FORT MYERS, FL 33903

Current Mailing Address:

NORTH BASEBALL
17940 N TAMIAMI TRAIL STE 110 PMB 164
NORTH FORT MYERS, FL 33903 US

FEI Number: 65-0718709**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

SUND, NATHAN
NORTH BASEBALL
17940 N TAMIAMI TRAIL STE 110 PMB 164
NORTH FORT MYERS, FL 33903 US

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: NATHAN SUND

04/17/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SUND, NATHAN
Address NORTH BASEBALL
 17940 N TAMIAMI TRAIL STE 110 PMB
 164
City-State-Zip: NORTH FORT MYERS FL 33903

Title VP
Name NIESMAN, JERRY
Address NORTH BASEBALL
 17940 N TAMIAMI TRAIL STE 110 PMB
 164
City-State-Zip: NORTH FORT MYERS FL 33903

Title CONCESSIONS COMANAGER
Name COBURN, MELISSA
Address NORTH BASEBALL
 17940 N TAMIAMI TRAIL STE 110 PMB
 164
City-State-Zip: NORTH FORT MYERS FL 33903

Title TREASURER
Name DEMING, AMBER
Address NORTH BASEBALL
 17940 N TAMIAMI TRAIL STE 110 PMB
 164
City-State-Zip: NORTH FORT MYERS FL 33903

Title CONCESSION MANAGER
Name KELLY, ROBERT
Address NORTH BASEBALL
 17940 N TAMIAMI TRAIL STE 110 PMB
 164
City-State-Zip: NORTH FORT MYERS FL 33903

Title SECRETARY
Name STURRUP, LAURIE
Address 17940 N. TAMIAMI TRAIL STE 110 PMB
 164
City-State-Zip: NORTH FORT MYERS FL 33903

Title PLAYER AGENT
Name STAUFFER, JOHN
Address 17940 N. TAMIAMI TRAIL STE 110 PMB
 164
City-State-Zip: NORTH FORT MYERS FL 33903

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NATHAN SUND

PRESIDENT

04/17/2021

Electronic Signature of Signing Officer/Director Detail

Date