

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90081 049 ****61.25

0008443

DOCUMENT # 717069

1. Entity Name

THE FLORIDA STATE LEAGUE OF PROFESSIONAL BASEBAL

Principal Place of Business

103 E. ORANGE AVE.
 P.O. BOX 349
 DAYTONA BEACH FL 32115

Mailing Address

103 E. ORANGE AVE.
 P.O. BOX 349
 DAYTONA BEACH FL 32115

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0248215

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MURPHY, CHARLES K
103 E. ORANGE AVE.
DAYTONA BEACH FL 32115

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.

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	PTC	<input type="checkbox"/> Delete
NAME	MURPHY, CHARLES K	
STREET ADDRESS	103 E. ORANGE AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARSON, KEN	
STREET ADDRESS	103 E. ORANGE AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOOD, C D	
STREET ADDRESS	103 E ORANGE AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KOBRITZ, JORDAN	
STREET ADDRESS	103 E ORANGE AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RABENECKER, ROBERT	
STREET ADDRESS	103 E ORANGE AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
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 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:

Charles K. Murphy

1/4/2001

904-252-7479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)