2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)					FILED		
DOCUMENT # 717069 1. Entity Name THE FLORIDA STATE LEAGUE OF PROFESSIONAL BASEBAL				Jai S	Jan 19, 2001 8:00 am Secretary of State		
					01-19-2001 90081 049 *		
Principal Plac	e of Business	. Mailing Address					
103 E. Orange ave. P.O. Box 349 Daytona Beach FL 32115		103 E. ORANGE AVE. P.O. BOX 349 DAYTONA BEACH FL 32115		£ 1 (1)			
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Numb	er 59-0248215	<u> </u>	pplied For
Zip Country		Zip	Zip Country		5. Certificate of Status Desired See Required		
	6. Name and Address of Curre	ent Registered Agent	<u> </u>	7. Name and	Address of New Registered	<u>'</u>	·
	V. Hallo alla Adaless di Gali	a, a west of the second	Name				
MURPHY, CHARLES K 103 E. ORANGE AVE. DAYTONA BEACH FL 32115			Street Address		(P.O. Box Number is Not Acceptable)		
DATIONA	A DEACH PE 32113		City		FL	Zip Cod	e
8. The above	e named entity submits this statemen	nt for the purpose of changing its	registered office of	or registered agent, or bo	th, in the state of Florida.		
							l l
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	E: Registered Agent signa	ture required when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered a					Pavable to	
SIGNATURE		gent and title if applicable. (NOTE 9. Election Campaign Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	Make Check Departmen		
SIGNATURE	Signature, typed or printed name of registered a	9. Election Campaigr Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	Make Check	t of State	
	FILE NOW: FEE IS \$61.25 OFFICERS AND	9. Election Campaigr Trust Fund Contrib	TITLE	\$5.00 May Be Added to Fees	Make Check Departmen	t of State	
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receive certaing that the information supplied with this filling 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: _

SCUATION ED 1/4/2001
SIGNATURE AND EXPEDION PROPERTY OF DIRECTOR Date

904-252-7479

Daytime Phone #