

APPROVED
AND
FILED

01 OCT -5 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001629

1. Entity Name

RUTHERFORD BASEBALL BOOSTERS CLUB, INC.

Principal Place of Business

1000 SCHOOL AVE. RUTHERFORD HIGH SCHOOL AT
HLETICS
PANAMA CITY FL 32404

Mailing Address

P.O. BOX 3104
PANAMA CITY FL 32404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617179

Applied For

Not Applicable

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

Name

Judy A Deese

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

3581 Adam Court

City

Tyndall AFB FL 32406

Zip Code

32403

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

8-21-01

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
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

☐ DeleteTITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☒ Change ☐ AdditionTITLE
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CITY - ST - ZIP

President/DIRECTOR

Judy A Deese
3581 Adam Court
Tyndall AFB FL 324031st Vice President/DIRECTOR
Victor Smith
5306 Pepperhatch
Panama City FL 324042nd Vice President/DIRECTOR
Eric Keeler
524 J.H. Crews Circle
Panama City FL 32404Secretary
Wonne Moore
904 Greentree Rd
Panama City FL 32401Treasurer
Nancy S Ramsey
600 Plantation Ct.
Panama City FL 32404

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

SIGNATURE REQUIRED

8-21-01

850-747-4297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPE037 (5/01)