

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90077 025 \*\*\*\*\*61.25

**DOCUMENT # N00000002775**

1. Entity Name

**TALLAHASSEE-LEON COUNTY BABE RUTH FIELD FUND, IN  
C.**

Principal Place of Business

Mailing Address

**301 S. BRONOUGH ST., STE. 200  
TALLAHASSEE FL 32301-1722****301 S. BRONOUGH ST., STE. 200  
TALLAHASSEE FL 32301-1722**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3644431**

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

**HERRON, MARK ESQ****~~301 S. BRONOUGH ST., STE. 200~~ 215 S. Monroe St. Suite 701  
TALLAHASSEE FL 32301-1722**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIS, BOB</b>	
STREET ADDRESS	<b>301 S. BRONOUGH ST., STE. 200</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301-1722</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>ENGLERT, MITCH</b>	
STREET ADDRESS	<b>1315 PEACEFIELD PL.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1379 Conservancy Drive East</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HERRON, MARK</b>	
STREET ADDRESS	<b>301 S. BRONOUGH ST., STE. 200</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301-1722</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>215 South Monroe Street, Suite 701</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	

TITLE	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>MEREDITH, CINDY</b>	
STREET ADDRESS	<b>2748 MCFARLANE CT</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>BATEMAN, THOMAS</b>	
STREET ADDRESS	<b>8551 VELDA DAIRY RD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		

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 title empowered.

SIGNATURE:

SIGNATURE REQUIRED

**BOB HARRIS 2-5-02 850-222-3471**

CR2E037 (9/01)