

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000007684**

1. Entity Name

RICKARDS BASEBALL BOOSTERS, INC.**FILED****Feb 07, 2001 8:00 am**
Secretary of State

02-07-2001 90149 025 ****61.25

0000527

Principal Place of Business

**2049 WAHALAW NENE
TALLAHASSEE FL 32301**

Mailing Address

**2049 WAHALAW NENE
TALLAHASSEE FL 32301**

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

59-3684583

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DENDER, RANDALL E
2049 WAHALAW NENE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> Delete
NAME	RANDALL E. DENDER
STREET ADDRESS	2049 WAHALAW NENE
CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	VICE PRES/DIRECTOR <input type="checkbox"/> Delete
NAME	MARIE BEAUFORD
STREET ADDRESS	2204 PAUL RUSSELL CIRCLE
CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	TREASURER/DIRECTOR <input type="checkbox"/> Delete
NAME	PEGGY DENDER
STREET ADDRESS	2049 WAHALAW NENE
CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	SECRETARY/DIRECTOR <input type="checkbox"/> Delete
NAME	MICHELLE LETTON
STREET ADDRESS	5101 WILLIAMS ROAD
CITY-ST-ZIP	TALLAHASSEE FL 32311
TITLE	DIRECTOR <input type="checkbox"/> Delete
NAME	LEO YOUNG
STREET ADDRESS	1021 LOTHIAN DRIVE
CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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: R. S. DENDER **RANDALL E. DENDER** **2/5/01** **671.3236**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)