

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90031 026 ****61.25

DOCUMENT # N00000007684

1. Entity Name

RICKARDS BASEBALL BOOSTERS, INC.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **VPD** ☐ Delete
NAME **DENOER, RANDALL E**
STREET ADDRESS **2049 WAHALAW NENE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **PD** ☒ Change ☐ Addition
NAME **DENDER, RANDALL E**
STREET ADDRESS **2049 WAHALAW NENE**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **VPD** ☒ Delete
NAME **BEAUFORD, MARIE**
STREET ADDRESS **2204 PAUL RUSSELL CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **VD** ☐ Change ☒ Addition
NAME **PICHARD, CLAUDE**
STREET ADDRESS **1315 DILLARD ST**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **TD** ☒ Delete
NAME **DENDER, PEGGY**
STREET ADDRESS **2049 WAHALAW NENE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **TD** ☐ Change ☒ Addition
NAME **CONLEY, JAMES N**
STREET ADDRESS **6064 THACKERAY DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE **SD** ☒ Delete
NAME **LETTON, MICHELLE**
STREET ADDRESS **5161 WILLIAMS ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **SD** ☐ Change ☒ Addition
NAME **HURD, NANCY**
STREET ADDRESS **127 CREST ST**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **D** ☐ Delete
NAME **YOUNG, LEO**
STREET ADDRESS **1021 LOTHAN DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☒ Change ☐ Addition
NAME **YOUNG, LEO**
STREET ADDRESS **1814 DEVRA DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: JAMES N CONLEY

01/11/2002

850-877-5109

CR2E037 (9/01)