

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007684

1. Entity Name

RICKARDS BASEBALL BOOSTERS, INC.



FILED

03 JUN -9 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
2049 WAHALAW NENE
TALLAHASSEE FL 32301

Mailing Address
2049 WAHALAW NENE
TALLAHASSEE FL 32301

2. Principal Place of Business
1315 Dillard Street

3. Mailing Address
1315 Dillard Street

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32308

Country
Leon

Zip
32308

Country
Leon

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
DENDER, RANDALL E
2049 WAHALAW NENE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Claude Richard
Street Address (P.O. Box Number is Not Acceptable)
1315 Dillard St
City
Tallahassee FL Zip Code
32308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating)

000021281060
07/03/03--01003-2071 \$179.00
2-26-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENOER, RANDALL E 2049 WAHALAW NENE TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PICHARD, CLAUDE 1315 DILLARD ST TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONLBY, JAMES N 6084 THACKERAY DR TALLAHASSEE FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HURD, NANCY 127 CREST ST TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, LEO 1814 DEVRA DR TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Claude Richard, Claude 1315 Dillard St. Tallahassee, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Roy, Maurice 1526 Chow Keebin Nene Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Curtis Ford, Curtis 1586 THREE LAURENS LANE TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Barrett, Lynne 1607 Valley Rd. Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thimmer, James 2001 DLD St. Augustine Rd. 6205 Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: REQUIRED

2-26-03 850-410-7025

Signature and Typed or Printed Name of Signing Officer or Director

Date Daytime Phone #

CR2E037 (10/02)