

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

**DOCUMENT #** N01000000591

1. Entity Name

North Central Florida Baseball Association, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6232 NW 33rd Terr

3. Mailing Address

6232 NW 33rd Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-3702730

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

Zip

32653

Country

USA

Zip

32653

Country

USA

7. Name and Address of Current Registered Agent

Name

Timothy Thomas

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

6232 NW 33rd Terr

City

Gainesville

FL

Zip Code

32653

**DO NOT WRITE  
IN THIS SPACE**

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

*Timothy Thomas*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

1/29/02

DATE

**FEE IS \$61.25**  
Initial or Amended UBR

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Thomas, Timothy P/D  
6232 NW 33rd Terr  
Gainesville, FL 32653

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Myers, Edward T/D  
5503 SW 92nd Way  
Gainesville, FL 32608

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Ragans, Todd D  
4312 NW 55th Way  
Gainesville, FL 32606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ed Myers, Director*

1/29/02

Date

(352) 378-1571

Daytime Phone #

**FILED**

02 FEB 18 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE \*\*\*\*\*70.00

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