2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90071 008 ****61.25

DOCUMENT # N13844

1. Entity Name

INTERLACHEN BABE RUTH LEAGUE, INC.

Principal Place of Business	Mailing Address
P. O. BOX 822 INTERLACHEN FL 32148	P. O. BOX 822 INTERLACHEN FL 32148

DO NOT WRITE IN THIS SPACE

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 59-2934010 ☐ 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
SPEARING, STEPHEN 126 MIRROR LANE INTERLACHEN FL 32148	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 Stephen Spearing — Stephen Spearing — 1/17/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SPEURING, STEPHEN 126 MIRROR LANE INTERLACHEN FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Stephen Spearing 126 mirror Lane Interlachen, Fl. 32148	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CHESSER, WILBUR 205 MURPHY ST INTERLACHEN FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Wilbur Chesser 205 Murphy St. Interlachen, Fl. 32148	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCGUIRE, RHONDA 503 LENORE AVE INTERLACHEN FL 32148	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Fay Tyre 140 Spring Lake Dr. Interlachen, Fl. 32148	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STANFIELD, GAIL 116 MIRROR LAKE DR INTERLACHEN FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Gail Stanfield 116 mirror Lake Dr. Interlachen, Fl. 32148	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHESSER, MARSHA 205 MURPHY ST INETERLACHEN FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Marsha Chesser 205 Murphy St. Interlachen, Fl. 32148	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TYRE, FAY 140 SPRING LAKE DR INTERLACHEN FL 32148	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Faine Spearing 126 Mirror Lane Interlachen, Fl 32148	☑ Change ☐ Addition

CR2E037 (9/01)

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: Stephen Spearing — SIGNATURE REQUIRED — Stephen Spearing — 386-684-2622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #