

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

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90043 008 ****61.25

DOCUMENT # N13844

1. Entity Name

INTERLACHEN BABE RUTH LEAGUE, INC.



Principal Place of Business

**P. O. BOX 822
INTERLACHEN FL 32148**

Mailing Address

**P. O. BOX 822
INTERLACHEN FL 32148**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**SPEARING, STEPHEN
126 MIRROR LANE
INTERLACHEN FL 32148**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SPEURING, STEPHEN**
STREET ADDRESS **126 MIRROR LANE**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **VPD** ☐ Delete
NAME **CHESSER, WILBUR**
STREET ADDRESS **205 MURPHY ST**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **S** ☐ Delete
NAME **TYRE, FAY**
STREET ADDRESS **140 SPRING LAKE DRIVE**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **T** ☐ Delete
NAME **STANFIELD, GAIL**
STREET ADDRESS **116 MIRROR LAKE DR**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **T** ☐ Delete
NAME **CHESSER, MARSHA**
STREET ADDRESS **205 MURPHY ST**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **D** ☐ Delete
NAME **FRINE, SPEARING**
STREET ADDRESS **126 MIRROR LAKE**
CITY-ST-ZIP **INTERLACHEN FL 32148**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☐ Change ☐ Addition
NAME **Spearing, Stephen**
STREET ADDRESS **126 Mirror Lane**
CITY-ST-ZIP **Interlachen FL. 32148**

TITLE **V/D** ☐ Change ☐ Addition
NAME **Chesser, Wilbur**
STREET ADDRESS **205 Murphy St.**
CITY-ST-ZIP **Interlachen, FL. 32148**

TITLE **S** ☐ Change ☐ Addition
NAME **Tyre, Fay**
STREET ADDRESS **140 Spring Lake Drive**
CITY-ST-ZIP **Interlachen, FL. 32148**

TITLE **T** ☐ Change ☐ Addition
NAME **Stanfield, Gail**
STREET ADDRESS **116 Mirror Lake Dr.**
CITY-ST-ZIP **Interlachen, FL. 32148**

TITLE **T** ☐ Change ☐ Addition
NAME **Chesser, Marsha**
STREET ADDRESS **205 Murphy St.**
CITY-ST-ZIP **Interlachen, FL. 32148**

TITLE **D** ☐ Change ☐ Addition
NAME **Spearing, Frine**
STREET ADDRESS **126 mirror lane**
CITY-ST-ZIP **Interlachen, FL. 32148**

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 **1/16/03** **386-689-2622**

CR2E037 (10/02)