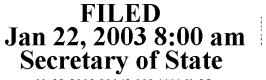
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N13844 1. Entity Name INTERLACHEN BABE RUTH LEAGUE, INC.



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

							21.15						
Principal Place of Business			Mailing Address					1					
P. O. BOX 822 INTERLACHEN FL 32148			P. O. BOX 822 INTERLACHEN FL 32148										
2. Principal P	Place of Busin	3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State			City & State					4. FEI Number 59-2934010				plied For t Applicable]
Zip Country			Zip		Cou	Country		5. Certificate of Status Desired S8.75 Additional Fee Required					1
6. Name and Address of Current Re							7. Name and Address of New Registered Agent						
						Name							
	G, STEPHEI					Street Address (P.O. Box Number is Not Acceptable)							
126 MIRROR LANE Interlachen FL 32148													1
1111211211	J. 1. 2. 1. 2. 3.					City					Zip Code		4
	-									FL_	<u> </u>]
	named entity tions of registe	submits this statement for ered agent.	r the purp	ose of changing its	register	ed office or	r register	ed agent, or both, in	the State of	Florida. I am far	niliar with, a	and accept	
•	Q. 7		a			•				1 ,			
SIGNATURE Stephen Spears										116/03			
	Signature, typed	or winted name of registered age of a	and title if app	licable. (NOTE	Registere	d Agent signat	ture required	when reinstating)	/	/ DATE	·····	_	
FILE NOW: FEE IS \$61.25				9. Election Campaign Fi Trust Fund Contribution				\$5.00 May Be Added to Fees		fake Check I rida Departn			
10.		OFFICERS AND DIF	RECTORS		11.			ADDITIONS/CHANG	SES TO OFFI	CERS AND DIRE	CTORS IN	10	┪_
TITLE	D	CTEDUEN		☐ Delete	TITL		P/Z	aring, S	tenhe	'n	☐ Change	☐ Addition	18
NAME STREET ADDRESS	126 MIRRO	S, STEPHEN Or I ane			NAM STRE	IE EET ADDRESS	13 per	o my cros	Lane	2			E037 (10/02
CITY-ST-ZIP		HEN FL 32148				-ST-ZIP	Inte	clachen_	FL.	32148			18
TITLE	VPD			☐ Delete	TITL	 E			1)		Change	☐ Addition	18
NAME	CHESSER,				NAM		Che	sser, Wi	IDUT				١
STREET ADDRESS CITY-ST-ZIP	205 MURP	HY ST HEN FL 32148				EET ADDRESS '-ST-ZIP	303	Murphy	5 1. El 1	32148			
TITLE	S	TEN FL 32140	_	Delete	TITL		S	erlacken, '	<u> </u>		Change	Addition	$\left\{ \right.$
NAME	TYRE, FAY			L1 Delete	NAM		Tyr	e, Fay					1-
STREET ADDRESS		IG LAKE DRIVE				EET ADDRESS		Spring	Lake 1	Urive			
CITY-ST-ZIP	INTERLACI	HEN FL 32148				-ST-ZIP	<u>主</u> "7	erlachen,	<u>F1.</u>	<u> 32148 </u>			1
TITLE NAME	STANFIELI) GAII		☐ Delete	TITLI		2+0	nfield, 1	Gail	į	Change	Addition Addition	
STREET ADDRESS		OR LAKE DR				EET ADDRESS	116	Mirror	Lake	Or.			
CITY-ST-ZIP	,	HEN FL 32148			CITY	-ST-ZIP	1/VI	erlachen	, Fl.	32148	,		
TITLE	T	4448014	—	Delete	TITLE	Ε	T	10/1	ace he	[Change	☐ Addition	
NAME STREET ADDRESS	CHESSER, 205 MURP				NAM STRE	EET ADDRESS	UNUS	sser, M Murph	1 5T				
CITY-ST-ZIP		OHEN FL 32148				-ST-ZIP	$ \mathcal{Z}''_{1}$	erlachen	F).	32148	•		
TITLE	D			☐ Delete	TITLI	 E	D				Change	Addition	1
NAME	FRINE, SP			*****	NAM		SAM	aring, f	Frine	·-	•		
STREET ADDRESS	126 MIRRO					ET ADDRESS	1 <u>a</u> 6	Mirror		70	~		10
CiTY-ST-ZiP		HEN FL 32148	this filing	does not qualify for		-ST-ZIP	ted in So	terlacher		. 3214		formation	1,

reflectly being trial the minormation supplied with this liming does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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: