

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14489

1. Entity Name

SANTA FE BABE RUTH LEAGUE, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90110 011 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1393
ALACHUA FL 32615-1393

P.O. BOX 1393
ALACHUA FL 32616-1393

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

LESLIE, HAROLD
10405 NW 146TH PLACE
ALACHUA FL 32616

Name

Amy Butler

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

RR 3 Box 1462

Ft. White, FL

City

FL

Zip Code

32038

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

Signature, typed or printed name of registered agent and title 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 PD ☒ Delete
NAME LESLIE, HAROLD
STREET ADDRESS 25105 N. CRAIG RD 1419
CITY-ST-ZIP ALACHUA FL 32615

TITLE VP ☒ Delete
NAME GARAB, WAYNE
STREET ADDRESS 115 NW 8 AVE
CITY-ST-ZIP HIGH SPGS FL 32643

TITLE SD ☐ Delete
NAME HARBERT, MICHAEL
STREET ADDRESS 24710 NW 86TH PLACE
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE TD ☒ Delete
NAME ROEPE, BECKY
STREET ADDRESS 283 TURKEY CREEK
CITY-ST-ZIP ALACHUA FL 32615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME Moseley, Tom
STREET ADDRESS 13004 NW 202 Street
CITY-ST-ZIP Alachua, FL 32615

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition
NAME Butler, Amy
STREET ADDRESS RR 3 Box 1462
CITY-ST-ZIP Ft. White, FL 32038

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE Moseley, Tom Moseley, President

Daytime Phone #

(352) 955-5598