

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-03-2001 90073 016 ****61.25

DOCUMENT # N14489

1. Entity Name

SANTA FE BABE RUTH LEAGUE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1393
 ALACHUA FL 32615-1393

P.O. BOX 1393
 ALACHUA FL 32615-1393



DO NOT WRITE IN THIS SPACE

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 K Butler**

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

RR 3 Box 1462

City **Ft. White**

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

[Handwritten Signature]

Amy K Butler, Treasurer 3/26/01

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 **PD** Delete
 NAME **LESLIE, HAROLD**
 STREET ADDRESS **25105 N. CRAIG RD 1419**
 CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **D** Change Addition
 NAME **Tom Moseley**
 STREET ADDRESS **13004 NW 202 Street**
 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 **D** Change Addition
 NAME **Mike Dinardo**
 STREET ADDRESS **23015 NW 227 Dr,**
 CITY-ST-ZIP **High Springs, FL 32643**

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

TITLE **D** Change Addition
 NAME **Teri Barcia**
 STREET ADDRESS **PO Box 442 23518 NW CR-239**
 CITY-ST-ZIP **Alachua FL 32616**

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

TITLE **D** Change Addition
 NAME **Amy K Butler**
 STREET ADDRESS **RR 3 Box 1462**
 CITY-ST-ZIP **Ft. White FL 32038**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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)(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:

[Handwritten Signature]

Amy K Butler 3/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)