

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90128 034 \*\*\*\*61.25

**DOCUMENT # N28290**

1. Entity Name

**PUTNAM ATHLETIC LEAGUE, INC.**

Principal Place of Business

Mailing Address

P O BOX 1244  
 PALATKA FL 32178-1244  
 US

P O BOX 1244  
 PALATKA FL 32178-1244  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2908430**

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

**WRIGHT, RICARDO M**  
**205 SKEET CLUB ROAD**  
**PALATKA FL 32177**

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

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 **VD** ☐ Delete  
 NAME **ALTIC, E PHIL**  
 STREET ADDRESS **P.O. BOX 102 N/A**  
 CITY-ST-ZIP **SATSUMA FL**

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

TITLE **PD** ☐ Delete  
 NAME **WRIGHT, RICARDO**  
 STREET ADDRESS **205 SKEET CLUB ROAD**  
 CITY-ST-ZIP **PALATKA FL**

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

TITLE **D** ☐ Delete  
 NAME **WOMBLE, EDWARD**  
 STREET ADDRESS **130 MELODY LANE**  
 CITY-ST-ZIP **FLORAHOME FL 32140**

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

TITLE **D** ☐ Delete  
 NAME **BISHOP, SHELIA**  
 STREET ADDRESS **123 GILLIAM ST**  
 CITY-ST-ZIP **INTERLACHEN FL 32148**

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

TITLE **D** ☐ Delete  
 NAME **WELLS, MARY KAYE**  
 STREET ADDRESS **1825 ST. JOHNS AVE.**  
 CITY-ST-ZIP **PALATKA, FL 32177**

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

TITLE **STD** ☐ Delete  
 NAME **MOTES, LORRI J**  
 STREET ADDRESS **120 WIPPLETREE COURT P O BOX 632**  
 CITY-ST-ZIP **HOLLISTER FL 32147-0682**

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:**

*[Signature]* **SIGNATURE REQUIRED (Pen) J. Motes, STD**

**7-31-02**

**386-684-6026**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)