

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90920 006 \*\*\*\*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

Zip

Country

Zip

Country

4. FEI Number **59-2908430**

Applied For

Not Applicable

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. 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

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 32147-0602**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **120 Wippletrec Ct. P.O. Box 632**  
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 REQUIRED**

**4-8-03**

**(386)684-6026**

CR2E037 (10/02)