

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 90072 025 \*\*\*\*61.25

**DOCUMENT # N47723**

1. Entity Name

**SOUTH LAKE LAND BABE RUTH LEAGUE, INC.**

Principal Place of Business

Mailing Address

CARTER RD  
 CARTER RD PK.  
 LAKE LAND FL 33860  
 US

P.O. BOX 5497  
 LAKE LAND FL 33807-5497  
 US

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

CUMMINGS, RUSSELL  
 2445 ROSLYN LANE  
 LAKE LAND FL 33813

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 ☐ Delete  
 NAME V  
 STREET ADDRESS KIRKLAND, DALE  
 CITY-ST-ZIP 2758 MEDULLA RD  
 LAKE LAND FL 33811

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

TITLE ☐ Delete  
 NAME PR  
 STREET ADDRESS KISH, DAVID  
 CITY-ST-ZIP 5127 GREENGLEN LANE  
 LAKE LAND FL 33811

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

TITLE ☒ Delete  
 NAME T  
 STREET ADDRESS FAUX, MARSHA  
 CITY-ST-ZIP 2674 MEDULLA RD  
 LAKE LAND FL 33811

TITLE ☒ Change ☐ Addition  
 NAME T  
 STREET ADDRESS BRAGG, CARLA  
 CITY-ST-ZIP 1401 PARKER ROAD  
 LAKE LAND FL 33811

TITLE ☒ Delete  
 NAME S  
 STREET ADDRESS MCGEEHAN, MARY  
 CITY-ST-ZIP 1591 GEORGETOWN DDR  
 LAKE LAND FL 33811

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

TITLE ☐ Delete  
 NAME PD  
 STREET ADDRESS CUMMINGS, RUSSELL  
 CITY-ST-ZIP 2445 ROSLYN LN  
 LAKE LAND FL 33813

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

TITLE ☐ Delete  
 NAME ID  
 STREET ADDRESS BURNA, ROGER  
 CITY-ST-ZIP 2615 HIGHLAND VUE PKWY  
 LAKE LAND FL 33813

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:

*Carla M. Bragg*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-01

Date Daytime Phone #

CR2E037 (10/00)