

2002 UNIFORM BUSINESS REPORT (UBR)

5/13

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-13-2002 90142 025 ****61.25

DOCUMENT # N47723

1. Entity Name

SOUTH LAKELAND BABE RUTH LEAGUE, INC.

Principal Place of Business

Mailing Address

CARTER RD
 CARTER RD PK
 LAKELAND FL 33860
 US

P.O. BOX 5497
 LAKELAND FL 33807-5497
 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

NOT APPLICABLE

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

CUMMINGS, RUSSELL
 2445 ROSLYN LANE
 LAKELAND 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 **V**
 NAME **KIRKLAND, DALE**
 STREET ADDRESS **2758 MEDULLA RD**
 CITY-ST-ZIP **LAKELAND FL 33811**

☐ Delete

TITLE **D**
 NAME **Brian Jeffries**
 STREET ADDRESS **1602 Lakewood DR N.**
 CITY-ST-ZIP **Lakeland FL 33813**

☒ Change ☐ Addition

TITLE **D**
 NAME **KISH, DAVID**
 STREET ADDRESS **5127 GREENGLEN LANE**
 CITY-ST-ZIP **LAKELAND FL 33811**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
 NAME **BRAGG, CARLA**
 STREET ADDRESS **1401 PARKER ROAD**
 CITY-ST-ZIP **LAKELAND FL 33811**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
 NAME **CUMMINGS, RUSSELL**
 STREET ADDRESS **2445 ROSLYN LN**
 CITY-ST-ZIP **LAKELAND FL 33813**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **ID**
 NAME **BURNA, ROGER**
 STREET ADDRESS **2815 HIGHLAND VUE PKWY**
 CITY-ST-ZIP **LAKELAND FL 33813**

☐ Delete

TITLE **D**
 NAME **Insurance Coordinator**
 STREET ADDRESS **Lauri Kish**
 CITY-ST-ZIP **5127 Greenglen Ln.**
Lakeland FL 33811

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 BRAGG
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02
 Date

803-647-5649
 Daytime Phone #

CR2E037 (9/01)