

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N49188

1. Entity Name

LAKE CITY/COLUMBIA COUNTY YOUTH BASEBALL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

04-06-2000 90019 015 ****61.25

Principal Place of Business P.O. BOX 1845 LAKE CITY FL 32056	Mailing Address P.O. BOX 1845 LAKE CITY FL 32056-1845
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3121410		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MUENCHEN, JOHN R. 5012 US HIGHWAY 90 WEST LAKE CITY FL 32005		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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	WILKINSON, JAMES	ROUTE 9 COX 463B LAKE CITY FL 32024	<input checked="" type="checkbox"/> Delete	PRESIDENT DIRECTOR	Stephen W. Cuddy	2911 Amphithe St. Lake City, FL 32025
	V	CREWS, HAL	757 ROSE DR LAKE CITY FL 32025	<input checked="" type="checkbox"/> Delete	Vice President DIRECTOR	Larry Walker	PO BOX 1845 LAKE CITY FL 32056
	SD	BEDENBAUGH, NELSON	ROUTE 6 BOX 507 LAKE CITY FL 32025	<input checked="" type="checkbox"/> Delete	Secretary DIRECTOR	JE CASH	PO BOX 1845 LAKE CITY FL 32056
	T	MUENCHEN, JOHN	ROUTE 13 BOX 1054 LAKE CITY FL 32024	<input type="checkbox"/> Delete	T DIRECTOR	JOHN R MUENCHEN	5012 West US Highway 90 LAKE CITY, FL 32055
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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: John R. Muenchen Date: 2/6/00 Daytime Phone #: 904-755-0877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)