

1/23/01-9

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90067 020 \*\*\*\*61.25

**DOCUMENT # N49188**

1. Entity Name

**LAKE CITY/COLUMBIA COUNTY YOUTH BASEBALL, INC.**

Principal Place of Business

P.O. BOX 1845  
LAKE CITY FL 32056

Mailing Address

P.O. BOX 1845  
LAKE CITY FL 32056

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3121410**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MUENCHEN, JOHN R.**  
**5012 US HIGHWAY 90 WEST**  
**LAKE CITY FL 32005**

7. Name and Address of New Registered Agent

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 ☐ DeleteNAME **T**  
STREET ADDRESS **MUENCHEN, JOHN**  
CITY-ST-ZIP **5012 WEST US HIGHWAY 90**  
**LAKE CITY FL 32055**TITLE ☒ DeleteNAME **SD**  
STREET ADDRESS **CASLIN, J.C.**  
CITY-ST-ZIP **PO BOX 1845**  
**LAKE CITY FL 32056**TITLE ☐ DeleteNAME **VPD**  
STREET ADDRESS **WALKER, LARRY**  
CITY-ST-ZIP **PO BOX 1845**  
**LAKE CITY FL 32056**TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☒ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☒ AdditionNAME **SD**  
STREET ADDRESS **Tiffany Gilliam**  
CITY-ST-ZIP **PO Box 1845, SW Ballpark Glen**  
**Lake City, FL 32056**TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☒ AdditionNAME **PD**  
STREET ADDRESS **Stephen W. Gody**  
CITY-ST-ZIP **PO Box 1845, S.W. Ballpark Glen**  
**Lake City, FL 32056**TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
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: **John R. Muenchen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

904-755-0877

Date

Daytime Phone #

CR2E037 (10/00)