

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49188

1. Entity Name

LAKE CITY/COLUMBIA COUNTY YOUTH BASEBALL, INC.

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90067 019 ****61.25

928332



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 1845 LAKE CITY FL 32056	Mailing Address P.O. BOX 1845 LAKE CITY FL 32056
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3121410	Applied For Not Applicable
Zip	Country	Zip	Country

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
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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 _____ (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																														
<table border="1"> <tr> <td>T NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MUENCHEN, JOHN 5012 WEST US HIGHWAY 90 LAKE CITY FL 32055</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>SD NAME STREET ADDRESS CITY-ST-ZIP</td> <td>GILLIAM, TIFFANY PO BOX 1845 BALLPARK GLEN LAKE CITY FL 32056</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>VPD NAME STREET ADDRESS CITY-ST-ZIP</td> <td>WALKER, LARRY PO BOX 1845 LAKE CITY FL 32056</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>PD NAME STREET ADDRESS CITY-ST-ZIP</td> <td>COODY, STEPHEN W P.O. BOX 1845 S.W. BALLPARK GLEN LAKE CITY FL 32056</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table>	T NAME STREET ADDRESS CITY-ST-ZIP	MUENCHEN, JOHN 5012 WEST US HIGHWAY 90 LAKE CITY FL 32055	<input type="checkbox"/> Delete	SD NAME STREET ADDRESS CITY-ST-ZIP	GILLIAM, TIFFANY PO BOX 1845 BALLPARK GLEN LAKE CITY FL 32056	<input checked="" type="checkbox"/> Delete	VPD NAME STREET ADDRESS CITY-ST-ZIP	WALKER, LARRY PO BOX 1845 LAKE CITY FL 32056	<input type="checkbox"/> Delete	PD NAME STREET ADDRESS CITY-ST-ZIP	COODY, STEPHEN W P.O. BOX 1845 S.W. BALLPARK GLEN LAKE CITY FL 32056	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>SCOTT, CAMMY P.O. BOX 1845 LAKE CITY, FL 32056</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MURPHY, TIM P.O. BOX 1845 LAKE CITY, FL 32056</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOTT, CAMMY P.O. BOX 1845 LAKE CITY, FL 32056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MURPHY, TIM P.O. BOX 1845 LAKE CITY, FL 32056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 2/8/02 386-755-0877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)