

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000955

1. Entity Name

SUWANNEE BASEBALL BOOSTERS, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90037 033 ****61.25

Principal Place of Business

Mailing Address

PO BOX 1358
LIVE OAK FL 32064
US

PO BOX 1358
LIVE OAK FL 32064
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

KIRBY, LINDA
310 GAY ST.
P.O. BOX 1441
LIVE OAK FL 32060

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
After September 13, 2000 min. will be \$236.25

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 PD ☒ Delete
NAME ALLEN, FRANK
STREET ADDRESS 7097 CR 249
CITY-ST-ZIP LIVE OAK FL 32060

TITLE PD ☒ Change ☐ Addition
NAME JOE CHAMBERLAIN
STREET ADDRESS 11057 Camp Weed Place
CITY-ST-ZIP Live Oak, FL. 32060

TITLE VPD ☐ Delete
NAME SUBER, CHARLES
STREET ADDRESS 11775 108TH TRAIL
CITY-ST-ZIP LIVE OAK FL 32060

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

TITLE TT ☒ Delete
NAME BRONSON, LEETA
STREET ADDRESS 13998 74TH ST.
CITY-ST-ZIP LIVE OAK FL 32060

TITLE TT ☒ Change ☐ Addition
NAME ROBBIN CHAPMAN
STREET ADDRESS 23109 100th Street
CITY-ST-ZIP Live Oak, FL. 32060

TITLE ST ☐ Delete
NAME CHAPMAN, ROBBIN
STREET ADDRESS 23109 100TH ST
CITY-ST-ZIP LIVE OAK FL 32060

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-00

Date

364-2647

Daytime Phone #

CR2E037 (5/00)