

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90290 033 \*\*\*\*61.25

**DOCUMENT # N94000000203**

1. Entity Name

**R.L. TURNER BASEBALL, INC.**

Principal Place of Business

602 WOOD TRAIL  
 PANAMA CITY FL 32405  
 US

Mailing Address

2601 FAIRMONT DR  
 PANAMA CITY FL 32405  
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 15391

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY FL

Zip

Country

Zip

Country

32406

4. FEI Number

59-3217806

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HITCHCOCK, LAIRO  
 2603 BAYLEAF CT  
 PANAMA CITY FL 32405

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STRICKLAND, FRANK	
STREET ADDRESS	2614 PEMBROKE DR.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILBERT, REGGIE	
STREET ADDRESS	3143 WOODVALLEY ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WIMBERLY, MARK	
STREET ADDRESS	2878 TUPELO DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32440	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, LARRY	
STREET ADDRESS	3311 S HARBOR DR.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENATA HARRIS	
STREET ADDRESS	2907 STATE AVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAIRD HITCHCOCK	
STREET ADDRESS	2603 BAYLEAF CT	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	V-PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBIE CARRUC	
STREET ADDRESS	3309 HARBOR CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISSY FLITCRAFT	
STREET ADDRESS	1901 HICKORY ST	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAIRD HITCHCOCK, PRES

Daytime Phone #

CR2E037 (10/00)