

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000203

1. Entity Name

R.L. TURNER BASEBALL, INC.

FILED
Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90012 020 *****70.00

Principal Place of Business

Mailing Address

602 WOOD TRAIL
PANAMA CITY FL 32405
US

P.O. BOX 15391
PANAMA CITY FL 32405
US

2. Principal Place of Business

ROLLINS AVE & CORNELL DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY FL

City & State

4. FEI Number

59-3217806

Applied For

Not Applicable

Zip

32405

Country

US

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HITCHCOCK, LAIRO
2603 BAYLEAF CT
PANAMA CITY FL 32405

CHUCK TUCKER
603 KRISTANNA DR
PANAMA CITY, FL 32405

7. Name and Address of New Registered Agent

Name: Curtis Trexler
Street Address (P.O. Box Number is Not Acceptable): 4531 MARY LOUISE DR
City: PANAMA CITY FL Zip: 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

1-11-02

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	TD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, RENATA	
STREET ADDRESS	2907 STATE AVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HITCHCOCK, LAIRD	
STREET ADDRESS	2603 BAYLEAF CT	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, ROBBIE	
STREET ADDRESS	5309 HARBOR CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FLITCRAFT, MISSY	
STREET ADDRESS	1901 HICKORY ST.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curtis Trexler	PD
STREET ADDRESS	P.O. Box 15391	
CITY-ST-ZIP	Panama City FL 32406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chuck Tucker	D
STREET ADDRESS	P.O. Box 15391	
CITY-ST-ZIP	Panama City FL 32406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Renata Harris	
STREET ADDRESS	P.O. Box 15391	
CITY-ST-ZIP	Panama City, FL 32406	TD
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julie Casey	
STREET ADDRESS	P.O. Box 15391	
CITY-ST-ZIP	Panama City FL 32406	VPD
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 850-215-9605

Date

Daytime Phone #

CR2E037 (9/01)