

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

DOCUMENT # N94000000203

1. Entity Name

R.L. TURNER BASEBALL, INC.



Principal Place of Business

ROLLINS AVE & CURNELL DR CORNELL DRIVE
PANAMA CITY FL 32405
US

Mailing Address

P.O. BOX 15391
PANAMA CITY FL 32406
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 **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

TREXLER, CURTIS

4831 MARY LOUISE DR 1506 MASSACHUSETTS AVE
PANAMA CITY FL 32405
Lynn Haven FL 32444

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, RENATA	
STREET ADDRESS	P. O. BOX 15391	
CITY-ST-ZIP	PANAMA CITY FL 32406	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TREXLER, CURTIS	
STREET ADDRESS	P.O. BOX 15391	
CITY-ST-ZIP	PANAMA CITY FL 32406	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CASEY, JULIE	
STREET ADDRESS	P.O. BOX 15391	
CITY-ST-ZIP	PANAMA CITY FL 32406	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, CHUCK	
STREET ADDRESS	P.O. BOX 15391	
CITY-ST-ZIP	PANAMA CITY FL 32406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE BARR	
STREET ADDRESS	P.O. BOX 15391	
CITY-ST-ZIP	PANAMA CITY FL 32406	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasure Heidi Cude	
STREET ADDRESS	638 Beachcomber Dr	
CITY-ST-ZIP	Lynn Haven, FL 32444	
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		
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:

CHUCK TUCKER, D 1-9-03 850-215-9605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)