

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90164 009 \*\*\*\*\*61.25

**DOCUMENT # N94000000480**

1. Entity Name

**GIRLS SOFTBALL ASSOCIATION OF COLUMBIA COUNTY, I**

Principal Place of Business

923 E. BAYA AVE  
 LAKE CITY FL

Mailing Address

P.O. BOX 2225  
 LAKE CITY FL 32056  
 US

2. Principal Place of Business

**880 E. BAYA AVENUE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**LAKE CITY, FL**

City & State

Zip

**32025**

Country

**USA**

Country

4. FEI Number

**59-3217578**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HALE, RICHARD S  
 923 E. BAYA AVE  
 LAKE CITY FL**

7. Name and Address of New Registered Agent

Name **PARKER, RICHARD E.**

Street Address (P.O. Box Number is Not Acceptable)  
**880 E. BAYA AVENUE**

City

**LAKE CITY**

**FL**

Zip Code

**32025**

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

*Richard E. Parker*

**RICHARD E. PARKER, Director/Treasurer 2-6-01**

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 **D** ☒ Delete  
 NAME **PHILLIPS, SANDRA**  
 STREET ADDRESS **RT 10 BOX 650**  
 CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **D** ☒ Delete  
 NAME **TYRE, DOROTHY**  
 STREET ADDRESS **601 S. FIRST ST.**  
 CITY-ST-ZIP **LAKE CITY FL 32056**

TITLE **D** ☒ Delete  
 NAME **MASTERS, VRNON**  
 STREET ADDRESS **RTE 11 BOX 790**  
 CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **D** ☐ Delete  
 NAME **JOHNSTON, JIMMY**  
 STREET ADDRESS **2101 WEST GRANDVIEW AVE**  
 CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
 NAME **PARKER, RICHARD E.**  
 STREET ADDRESS **RT 15 BOX 3804**  
 CITY-ST-ZIP **LAKE CITY, FL 32024**

TITLE **D** ☐ Change ☒ Addition  
 NAME **DRAKE, RONALD**  
 STREET ADDRESS **RT 12 BOX 142**  
 CITY-ST-ZIP **LAKE CITY, FL 32025**

TITLE **D** ☐ Change ☒ Addition  
 NAME **MASTERS, CINDEE**  
 STREET ADDRESS **RT 11 BOX 790**  
 CITY-ST-ZIP **LAKE CITY, FL 32024**

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

TITLE ☐ Change ☐ Addition  
 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:

*Richard E. Parker* **RICHARD E. PARKER**

**2-6-01**

**(904) 755-2700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0006871