

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001435

1. Entity Name

ST. LUCIE COUNTY BABE RUTH LEAGUE, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90040 033 ****61.25

Principal Place of Business

Mailing Address

VARSITY SPORTS SHOP
 2306 OKEECHOBEE RD
 FORT PIERCE FL 34950
 US

1907 S. 28TH ST.
 FT. PIERCE FL 34947-6917

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

65-0570657

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

BROWN, BILLY
 1907 S. 28TH ST.
 FORT PIERCE FL 34947

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

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 BROWN, BILLY
 STREET ADDRESS 1907 S. 28TH STREET
 CITY-ST-ZIP FORT PIERCE FL 34947

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

TITLE D ☒ Delete
 NAME HUTCHINSON, ROBBIE
 STREET ADDRESS 3115 MARAVILLA
 CITY-ST-ZIP FT. PIERCE FL 34982

TITLE ☒ Change ☐ Addition
 NAME BEMENDERFER, ANDREA
 STREET ADDRESS 2919 FOREST TERRACE
 CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE TD ☐ Delete
 NAME CHESTON, MAUREEN
 STREET ADDRESS 2675 TWIN OAKS TRAIL
 CITY-ST-ZIP FORT PIERCE FL 34945

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

TITLE VP ☐ Delete
 NAME MYERS, JEF
 STREET ADDRESS 1806 SUNRISE BLVD
 CITY-ST-ZIP FT PIERCE FL

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

TITLE D ☒ Delete
 NAME MONTPETIT, JEFF
 STREET ADDRESS 804 DELAWARE AVE
 CITY-ST-ZIP FORT PIERCE FL 34950

TITLE ☒ Change ☐ Addition
 NAME LINEBURG, GREG
 STREET ADDRESS 895 WOODLAND DRIVE
 CITY-ST-ZIP PORT ST. LUCIE, FL. 34952

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:

Billy Brown **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/93)