

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

N9500000959

1. Entity Name

South Columbia Youth Baseball, Inc

Principal Place of Business

Mailing Address

SR 47, North

PO Box 44  
Ft White, FL 32038

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

22-00-01151-60C

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

B.I. Wheeler  
Rt 2 Box 1129  
High Springs, FL 32643

Name

Darrell Cason

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

Route 3 Box 5475, CR 238

City

Ft White

FL

Zip Code

32038

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	President	<input type="checkbox"/> Delete
NAME	B.I. Wheeler	
STREET ADDRESS	Rt 2 Box 1129	
CITY-ST-ZIP	High Springs, FL 32643	
TITLE	V. President	<input type="checkbox"/> Delete
NAME	Jana Bruce	
STREET ADDRESS	Rt 2 Box 1118	
CITY-ST-ZIP	High Springs, FL 32643	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Darrell Cason	
STREET ADDRESS	Rt 3 Box 5475	
CITY-ST-ZIP	Ft White, FL 32038	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Bridgette Diedeman	
STREET ADDRESS	Rt 3 Box 5566	
CITY-ST-ZIP	Ft White FL 32038	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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

Date

Daytime Phone #

FILED  
Jun 02, 2000 8:00 am  
Secretary of State

06-02-2000 90017 012 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

Treasurer  
Darrell K. Cason 5/12/00