

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Apr 21, 2002 8:00 am
Secretary of State

02-19-2002 90054 048 ****70.00

DOCUMENT # N95000000959

1. Entity Name

SOUTH COLUMBIA YOUTH BASEBALL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 44
FT WHITE FL 32038-0044

PO BOX 44
FT WHITE FL 32038-0044

24433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-0001115

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

**CASON, DARRELL
RTE 3 BOX 5975 CR 238
FORT WHITE FL 32038**

Name

Darrell Cason

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

4328 SW Elim Church Rd

City

Fort 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.

Darrell Cason, Vice President 1/12/02

(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	PD	<input type="checkbox"/> Delete
NAME	CASON, DARRELL	
STREET ADDRESS	RT 3, BOX 5975	
CITY-ST-ZIP	FORT WHITE FL 32038	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WENDY, SCOTT	
STREET ADDRESS	RT 1, BOX 2272	
CITY-ST-ZIP	FORT WHITE FL 32038	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCOTT, DAN	
STREET ADDRESS	RT 1, BOX 2272	
CITY-ST-ZIP	FORT WHITE FL 32038	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DIEDEMAN, BRIDGETT	
STREET ADDRESS	RT 3, BOX 5588	
CITY-ST-ZIP	FORT 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darrell Cason	
STREET ADDRESS	4328 SW Elim Church Rd	
CITY-ST-ZIP	Fort White, FL 32038	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wendy Scott	
STREET ADDRESS	1847 SW Shiloh Street	
CITY-ST-ZIP	Fort white FL 32038	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dan Scott	
STREET ADDRESS	1847 SW Shiloh Street	
CITY-ST-ZIP	Fort white FL 32038	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bridgett Diedeman	
STREET ADDRESS	314 SW Piersen way	
CITY-ST-ZIP	Fort white FL 32038	
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 the empowered.

SIGNATURE:

Darrell Cason, Vice President

Darrell Cason

1/12/02 352-336-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)