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

DOCUMENT # N9500000959



FILED Feb 17, 2003 8:00 am Secretary of State

2001H (COLUMBIA YOUTH BASEBAL	L ASSOCIATION, INC.	(Mag)			02-17-2003 90287	7 003 ****	70.00
Principal Place of Business PO BOX 44 FT WHITE FL 32038-0044 2. Principal Place of Business		Mailing Address PO BOX 44 FT WHITE FL 32038-0044 3. Mailing Address				2008080	,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		or you was a	4. FEI Number 22-0001115 - Applied For			
Zip	Country	Zip	Country	,	5. Certificate of Sta	tus Desired	\$8.75 Ac	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Addre	ess of New Registered	Fee Require	9 u
			N	ame —	an Sust		Agent	
CASON, DARRELL				reet Address (P.O. Box Number is Not Acceptable)				
	VELIVN CHRUCH RD				,			1
FORT WHITE FL 32038				8475	w shile	on St.		
			Ô	ity C.1.	131 = A	F	Zio Coc	te ac
8. The above	e named entity submits this etatement for	or the purpose of changing its	registered of	ffice or register	red agent, or both, in th			and accent
the obliga	ations of registered agent.				1	o oraco or riorida. Tari	rianila wai	and accept
	X/a. Xea	X/				9-12-	∧ 2	
SIGNATURE	Signature, typed or printed name of registered agent	and title if analicable (NOTI	. Danistana di Ann			0 10-1	<u>حد</u>	
		and the Happicable. (NOTE	negistered Agei	nt signature required	when reinstating)	DATE		-
	FILE NOW: FEE IS \$61.25	9. Election Can Trust Fund C		cing	\$5.00 May Be Added to Fees	Make Chec Florida Depa		
10.	OFFICERS AND DII	RECTORS	11.		I ADDITIONS/CHANGES	S TO OFFICERS AND D	DIRECTORS IN	L 10
TITLE			_					
	PD	Delete	TITLE	Pres	sident		Change	Addition
NAME	CASON, DARRELL	Delete	NAME	Pres Da	sident un Scott			
NAME Street adoress	CASON, DARRELL 4328 SW ELIM CHURCH RD	Delete	NAME STREET ADI	DRESS 184	un Scott 1750 shili			
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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 life empowered.

SIGNATURE: