

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003128

1. Entity Name

Palatka Babe Ruth Association, Inc.

Principal Place of Business

Mailing Address

3424 St. Johns Avenue

Palatka, FL. 32177

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 18 AM 8:58

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

59-3721095

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

Donald E. Holmes, Esq  
222 North 3rd Street  
Palatka, FL. 32177

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

TITLE P ☐ Delete  
NAME Greg Garriss Director  
STREET ADDRESS 340 E. Peniel Road  
CITY-ST-ZIP Palatka, FL. 32177

TITLE VP ☐ Delete  
NAME Jeff Bedenbaugh Director  
STREET ADDRESS 227 Round Lake Road  
CITY-ST-ZIP Palatka, FL. 32177

TITLE S ☐ Delete  
NAME Joyce Solomon Director  
STREET ADDRESS P.O. Box 352  
CITY-ST-ZIP Bostwick, FL. 32007

TITLE T ☐ Delete  
NAME Teresa Wilkerson Director  
STREET ADDRESS 142 Cable Tower Road  
CITY-ST-ZIP Palatka, FL. 32177

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 175.00-Adm ☐ Change ☐ Addition  
NAME SAME  
STREET ADDRESS TRACKING #  
CITY-ST-ZIP 61.25-AR

TITLE 8.75-CERT ☐ Change ☐ Addition  
NAME 306.25  
STREET ADDRESS  
CITY-ST-ZIP 236.25-Adm

TITLE ☐ Change ☐ Addition  
NAME 600004488496--7  
STREET ADDRESS -07/20/01--01111--009  
CITY-ST-ZIP \*\*\*\*\*175.00 \*\*\*\*\*175.00

TITLE ☐ Change ☐ Addition  
NAME 600004488496--7  
STREET ADDRESS -07/20/01--01111--010  
CITY-ST-ZIP \*\*\*\*\*306.25 \*\*\*\*\*306.25

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: Teresa Wilkerson, Treas.

6-11-01

386-325-4554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)