

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003128

1. Entity Name

Palatka Babe Ruth Association, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 18 AM 8:58

Principal Place of Business

Mailing Address

3424 St. Johns Avenue

Palatka, FL. 32177

REINSTATEMENT 97-01
(DO NOT WRITE IN THIS SPACE)

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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

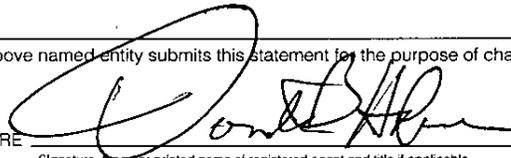
6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 

7/10/01
DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P Greg Garris Director <input type="checkbox"/> Delete 340 E. Peniel Road Palatka, FL. 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jeff Bedenbaugh Director <input type="checkbox"/> Delete 227 Round Lake Road Palatka, FL. 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Joyce Solomon Director <input type="checkbox"/> Delete P.O. Box 352 Bostwick, FL. 32007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Teresa Wilkerson Director <input type="checkbox"/> Delete 142 Cable Tower Road Palatka, FL. 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	175.00-Adm <input type="checkbox"/> Change <input type="checkbox"/> Addition SAME TRACKING #
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61.25-AR <input type="checkbox"/> Change <input type="checkbox"/> Addition 8.75-CERT <input type="checkbox"/> Change <input type="checkbox"/> Addition 236.25-Adm
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600004488496--7 -07/20/01--01111--009 ****175.00 ****175.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600004488496--7 -07/20/01--01111--010 ****306.25 ****306.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6/11/01
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
Date Daytime Phone #

CR2E037 (11/00)