

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

APPROVED
AND
FILED

DOCUMENT # N96000006316

1. Entity Name

Capital City / Mike McLeod Baseball School, Inc.

02 AUG -9 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200007112812--6

-08/14/02--01055--024

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10095 Collins Hole Rd.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

4. FEI Number

59-3386829

Applied For

Not Applicable

Zip

32312

Country

Leon

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rose m. mcleod

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

10095 Collins Hole Rd.

City

Tallahassee

FL

Zip Code

32312

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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

PD
Michael H. McLeod
10095 Collins Hole Rd.
Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
Rose m. mcleod
10095 Collins Hole Rd.
Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
Leslie McLeod Jr.
1906 W. Nelson Cir.
Tallahassee, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael H. McLeod

8/9/02

850-922-0230

CR2E037B (12/01)