

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006987

1. Entity Name

JEFFERSON COUNTY BABE RUTH LEAGUE, INC.

Principal Place of Business

655 PUGSLEY DRIVE
MONTICELLO FL 32344
US

Mailing Address

PO BOX 888
MONTICELLO FL 32344
US

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

31-1584850

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

BIRD, T. BUCKINGHAM
385 NORTH JEFFERSON STREET
MONTICELLO FL 32344

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BAYLOR, BARBARA T
655 PUGSLEY DRIVE
MONTICELLO FL 32344 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
AVRETT, WARREN
655 PUGSLEY DRIVE
MONTICELLO FL 32344 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
Felix Joyner
422 Whitehouse Rd.
Lloyd, FL 32337 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
ELLERBE, CAROL
275 WEST HIGH STREET
MONTICELLO FL 32344 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Andrea Jerger
364 Nursery Rd.
Monticello, FL 32344 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
BAYLOR, HARRY M
655 PUGSLEY DRIVE
MONTICELLO FL 32344 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ELLERBE, DALE
275 WEST HIGH STREET
MONTICELLO FL 32344 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Dean Jerger
364 Nursery Rd.
Monticello, FL 32344 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COX, BOBBY
ROUTE 5, BOX 5065
MONTICELLO FL 32344 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Barbara T. Baylor

Barbara T. Baylor

4/26/02

(850)627-6811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)