

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005628

1. Entity Name

TALLAHASSEE-LEON BABE RUTH WORLD SERIES, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90042 041 ****61.25

Principal Place of Business

216 S. MONROE ST., STE. 200
TALLAHASSEE FL 32301

Mailing Address

216 S. MONROE ST., STE. 200
TALLAHASSEE FL 32301-0508

2. Principal Place of Business

301 South Bronough Street

3. Mailing Address

301 South Bronough Street

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

Leon

Zip

32301

Country

Leon

4. FEI Number

59-3534822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRON, MARK ESQ
216 S. MONROE ST., STE. 200
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

301 South Bronough Street, Suite 200

City

Tallahassee,

FL

Zip Code
32301

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 ☐ Delete

NAME CD
HARRIS, BOB L
STREET ADDRESS 216 S. MONROE ST., STE. 200
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete

NAME VCD
MEREDITH, CINDY
STREET ADDRESS 2748 MCFARLANE CT.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Delete

NAME SD
MARSH, JIM
STREET ADDRESS 7107 SUMMIT RIDGE DR.
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☒ Delete

NAME TD
ROADY, CHRIS
STREET ADDRESS 3505 OAK HILL TR.
CITY-ST-ZIP TALLAHASSEE FL 32312

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 ☒ Change ☐ Addition

NAME
STREET ADDRESS 301 South Bronough Street, Suite 200
CITY-ST-ZIP Tallahassee, FL 32301

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME TD
Herron, Mark
STREET ADDRESS 301 South Bronough Street, Suite 200
CITY-ST-ZIP Tallahassee, FL 32301

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 of 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/00

850-222-3471

Date

Daytime Phone #

CR2E037 (9/99)