

2000 UNIFORM BUSINESS REPORT (UBR)

1/28/00-90144-015-561.25-561.25

DOCUMENT # N99000005173

1. Entity Name

P.S.L. BABE RUTH BASEBALL LEAGUE, INC.

FILED

00 MAR 10 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

O BOX 880303
ST LUCIE FL 34988-0303

P O BOX 880303
PORT ST LUCIE FL 34988-0303

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 65-0953062

☒ 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

Name

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

City

FL

Zip Code

DEBISH, MICHAEL
3626 SW PARSON ST
PORT ST LUCIE FL 34953

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

Michael D. Debish Michael Debish Treasurer

1/19/00

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	D President	<input type="checkbox"/> Delete
NAME	Michael C. Morash	
STREET ADDRESS	3957 SW KAKOPO ST.	
CITY-ST-ZIP	Port St Lucie, FL 34953	
TITLE	D Vice-President	<input type="checkbox"/> Delete
NAME	Loren Diaz	
STREET ADDRESS	1855 SW Hickock Terr.	
CITY-ST-ZIP	Port St. Lucie, FL 34953	
TITLE	D Secretary	<input type="checkbox"/> Delete
NAME	Desiree May	
STREET ADDRESS	1633 SW Gadsden Ave.	
CITY-ST-ZIP	Port St Lucie, FL 34953	
TITLE	D Treasurer	<input type="checkbox"/> Delete
NAME	Michael Debish	
STREET ADDRESS	3626 SW Parsons St.	
CITY-ST-ZIP	Port St Lucie, FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael Debish Michael Debish Treasurer 1/19/00

561-336-1045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)