

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005173

1. Entity Name

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

Principal Place of Business

P O BOX 880303
PORT ST LUCIE FL 34988-0303

Mailing Address

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

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

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 DP ☒ Delete
NAME MORASH, MICHAEL C
STREET ADDRESS 3957 SW KAKOPO ST.
CITY-ST-ZIP PORT ST LUCIE FL 34953

TITLE DP ☒ Change ☐ Addition
NAME Michael Debish
STREET ADDRESS 3626 SW Parson St.
CITY-ST-ZIP Port St Lucie, FL 34953

TITLE DVP ☒ Delete
NAME POORBAUGH, CARL
STREET ADDRESS 2543 DECKARD ST.
CITY-ST-ZIP PORT ST LUCIE FL 34953

TITLE DVP ☒ Change ☐ Addition
NAME Loren Draz
STREET ADDRESS 1855 SW Hickock Terr.
CITY-ST-ZIP Port St Lucie, FL 34953

TITLE DS ☐ Delete
NAME MAY, DESIREE
STREET ADDRESS 1633 SW GADSDAN AVE
CITY-ST-ZIP PORT ST LUCIE FL 34953

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

TITLE DT ☐ Delete
NAME DEBISH, MICHAEL
STREET ADDRESS 3626 SW PARSONS ST.
CITY-ST-ZIP PORT ST LUCIE FL 34953

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90008 036 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)