

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006724

1. Entity Name

MERRITT ISLAND BABE RUTH SENIOR LEAGUE, INC.

Principal Place of Business

180 E. MERRITT AVENUE
MERRITT ISLAND FL 32953

Mailing Address

POST OFFICE BOX 541017
MERRITT ISLAND FL 32954-1017

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

59-3608325

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAPCZYNSKI, TERRY
100 EAST CRISAFULLI ROAD
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name

Hobbs, Judy

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

1525 Glen Haven Drive

City

Merritt Island

FL

Zip Code

32952

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

Judy C. Hobbs

Judy Hobbs

1/03/2001

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 NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, LORA S 210 MELBOURNE AVENUE MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIGUERO, JOSEPH 740 MONTEGO BAY DRIVE MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LONG, RUTH 1130 TWO OAKS BOULEVARD MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Brown, Tammy S. 1390 Eddy Street Merritt Island, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Diamantas, John 750 Richland Ave. Merritt Island, FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Carson, Casey 45 Diana Blvd Merritt Island, FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Patti Willhardt 100 Pacific Place - #100-A Merritt Island, FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Tammy S. Brown

1/03/2001 (321)452-9403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

03-030

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90095 040 ****61.25



DO NOT WRITE IN THIS SPACE