2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 705793 Apr 11, 2000 8:00 am Secretary of State 1. Entity Name NORTH EAST LITTLE LEAGUE, INC. 04-11-2000 90048 044 ****61.25 Mailing Address Principal Place of Business 150 SECOND AVENUE NORTH 150 SECOND AVENUE NORTH **SUITE 1100** SUITE 1100 ST. PETERSBURG FL 33701 ST, PETERSBURG FL 33701-3342 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 23-7378070 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, THOMAS B 150 SECOND AVENUE NORTH **SUITE 1100** Zip Code City ST. PETERSBURG FL 33701 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 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition PD ☐ Delete TITLE NAME MOELLER, DAN NAME STREET ADDRESS STREET ADDRESS 202 44TH AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33703 IVPA TITLE 1VPD Delete TITLE Change ☐ Addition DOUG WALTER NAME REYNOLDS, TERRY NAME 7921 3RD STN. STREET ADDRESS STREET ADDRESS 1075 MARLO DR NE ST PKTK EL 33702 CITY-ST-ZIP CITY-ST-ZIP. ST-PETERSBURG-FL 33702 VPO Change TITLE 2VPD Delete TITLE ☐ Addition FONY JANICKI NAME WALTER, DOUG NAME 1155 KDEN ISLE DR. NE STREET ADDRESS STREET ADDRESS 7921 3RD STREET NO. STPRTK FL 33704 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33702 3 NPO Change 3VPD Delete TITI F ☐ Addition TITLE BOD TIMBER LAKE BARNES, TONY NAME 349 BAYVIEW DR. NE NAME STREET ADDRESS STREET ADDRESS **758 41ST AVE NE** ST PETR FL 33703 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33703 Change ☐ Addition Delete TITLE TITLE SD JANIK BARNES NAME NAME MOELLER, LISA 758 41 ST AUR NE STREET ADDRESS STREET AODRESS 202 44 AVE N CITY-ST-ZIP CITY-ST-ZIP ST PRTE FL 33763 ST. PETERSBURG FL 33703 ☐ Addition TD Delete TITLE PAUL FOX NAME NAME LUCKER, RHONDA 104 16TH AUR N. STREET ADDRESS STREET ADDRESS 4175 13TH WAY NE CITY-ST-ZIP ST PATE FL 33704 CITY-ST-ZIP ST. PETERSBURG FL 33703

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3///C

894-7329

Daytime Phone #