

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705793

1. Entity Name

NORTH EAST LITTLE LEAGUE, INC.

Principal Place of Business

150 SECOND AVENUE NORTH
SUITE 1100
ST. PETERSBURG FL 33701

Mailing Address

150 SECOND AVENUE NORTH
SUITE 1100
ST. PETERSBURG FL 33701

2. Principal Place of Business

211 45TH AVE N.

3. Mailing Address

P.O. Box 7562

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

Zip

33703

Country

Zip

33734-7562

Country

4. FEI Number

23-7378070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, THOMAS B
150 SECOND AVENUE NORTH
SUITE 1100
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

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

TITLE PD
NAME MOELLER, DAN
STREET ADDRESS 202 44TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

TITLE 1VPD
NAME WALTER, DOUG
STREET ADDRESS 7921 3RD ST N
CITY-ST-ZIP ST PETERSBURG FL 33702 ☒ Delete

TITLE 2VPD
NAME JANICKL, TONY
STREET ADDRESS 1155 EDEN ISLE DR NA
CITY-ST-ZIP SAINT PETERSBURG FL 33703 ☒ Delete

TITLE 3VPD
NAME TIMBERLAKE, BOD
STREET ADDRESS 349 BAYVIEW DR
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

TITLE SD
NAME BARNES, HANIE
STREET ADDRESS 758 41 ST AVE NE
CITY-ST-ZIP SAINT PETERSBURG FL 33703 ☒ Delete

TITLE TD
NAME FOX, PAUL
STREET ADDRESS 104 16TH AVE N
CITY-ST-ZIP SAINT PETERSBURG FL 33704 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE 2VPD
NAME MIKE JOHNSON
STREET ADDRESS 1400 46TH AVENUE
CITY-ST-ZIP ST. PETERSBURG, FL 33703 ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: SIGNATURE REQUIRED PAUL FOX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

941-748-1527

Daytime Phone #

CR2E037 (10/00)

0000954

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90514 005 *****61.25



DO NOT WRITE IN THIS SPACE