

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712892

1. Entity Name

PORT ST LUCIE LITTLE LEAGUE, INC.

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90005 012 \*\*\*\*61.25

Principal Place of Business

113 SW EYERLY AVE  
P.O. BOX 8055  
PORT ST LUCIE FL 34985

Mailing Address

113 SW EYERLY AVE  
P.O. BOX 8055  
PORT ST LUCIE FL 34985-8055

2. Principal Place of Business

2138 SE Harlow St

3. Mailing Address

Same

Suite, Apt. #, etc.

P.O. Box 8055

Suite, Apt. #, etc.

City & State  
Port St Lucie FL

City & State

Zip  
34985

Country  
USA

Zip

Country

4. FEI Number

59-2156222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUDMAN, DEWEY W.  
113 S.W. EYERLY AV  
PT. ST. LUCIE FL 34983

7. Name and Address of New Registered Agent

Name Deborah L Robbins

Street Address (P.O. Box Number is Not Acceptable)  
2138 SE Harlow St

P.O. Box 8055

City Port St Lucie FL Zip Code 34985

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 Deborah L Robbins

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 TD  
NAME HUDMAN, DEWEY W  
STREET ADDRESS 113 SW EYERLY AVE  
CITY-ST-ZIP PT. ST. LUCIE FL 34983 ☒ Delete

TITLE D  
NAME HENTZ, DONNA  
STREET ADDRESS 2549 SW CARPENTER ST  
CITY-ST-ZIP PT. ST. LUCIE FL 34984 ☒ Delete

TITLE DVP  
NAME BRUMBERG, CARLA  
STREET ADDRESS 1992 SW AIROSO BLVD.  
CITY-ST-ZIP PT. ST. LUCIE FL 34984 ☒ Delete

TITLE PD  
NAME MOUGEOTTE, JAMES  
STREET ADDRESS 2962 SE BELLA RD  
CITY-ST-ZIP PT ST LUCIE FL 34984 ☐ Delete

TITLE SD  
NAME DEBBIE ROBBINS  
STREET ADDRESS 2138 SE HARLOWE ST  
CITY-ST-ZIP PORT ST. LUCIE FL 34952 ☐ Delete

TITLE D  
NAME BRUMBERG, JOHN  
STREET ADDRESS 1992 SW AIROSO BLVD.  
CITY-ST-ZIP PORT ST LUCIE FL 34984 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VP  
NAME David Hentz  
STREET ADDRESS 2549 SW Carpenter St  
CITY-ST-ZIP Port St Lucie FL 34984 ☐ Change ☒ Addition

TITLE ~~VP~~  
NAME RAY Oglesby  
STREET ADDRESS 530 SE Nome Dr.  
CITY-ST-ZIP Port St Lucie FL 34984 ☐ Change ☒ Addition

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

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

TITLE D  
NAME Tom Filipkowski  
STREET ADDRESS 716 SE White Ave.  
CITY-ST-ZIP Port St Lucie FL 34983 ☐ 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: SID Deborah L Robbins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00 561-355-0859

Date

Daytime Phone #

CR2E037 (9/99)