

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 712892**

1. Entity Name  
 PORT ST LUCIE LITTLE LEAGUE, INC.

Principal Place of Business 2138 SE HARLOW ST P.O. BOX 8055 PORT ST LUCIE 34985 US	FL	Mailing Address 2138 SE HARLOW ST P.O. BOX 8055 PORT ST LUCIE 34985 US	FL
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2. Principal Place of Business 352 SW LAKEHURST DRIVE	3. Mailing Address 352 SW LAKEHURST DRIVE
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Suite, Apt. #, etc. P.O. BOX 8055	Suite, Apt. #, etc. P.O. BOX 8055
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City & State PORT ST LUCIE FL	City & State PORT ST LUCIE FL
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Zip 34985	Country US	Zip 34985	Country US
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4. FEI Number <b>59-2156222</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

ROBBINS DEBORAH L  
 2138 SE HARLOW ST  
 PO BOX 8055  
 PORT ST LUCIE FL  
 34985

**7. Name and Address of New Registered Agent**

Name PETTY DEBORAH L
Street Address (P.O. Box Number is Not Acceptable) 352 SW LAKEHURST DRIVE
PO BOX 8055
City PORT ST LUCIE FL
Zip Code 34983

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. PETTY 03/05/2001  
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 D	<input type="checkbox"/> Delete
NAME FILIPLOWSKI TOM	
STREET ADDRESS 716 SE WHITE AVE	
CITY-ST-ZIP PORT SAINT LUCIE FL 34983	
TITLE TD	<input type="checkbox"/> Delete
NAME DEBBIE ROBBINS	
STREET ADDRESS 2138 SE HARLOWE ST	
CITY-ST-ZIP PORT ST. LUCIE FL 34952	
TITLE PD	<input type="checkbox"/> Delete
NAME MOUGEOTTE JAMES	
STREET ADDRESS 2962 SE BELLA RD	
CITY-ST-ZIP PT ST LUCIE FL 34984	
TITLE D	<input type="checkbox"/> Delete
NAME OGLESBY RAY	
STREET ADDRESS 530 SE NOME DR	
CITY-ST-ZIP PT. ST. LUCIE FL 34984	
TITLE V	<input type="checkbox"/> Delete
NAME HENTZ DONNA	
STREET ADDRESS 2549 SW CARPENTER ST	
CITY-ST-ZIP PT. ST. LUCIE FL 34984	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEBORAH L. PETTY	
STREET ADDRESS 352 SW LAKEHURST DRIVE	
CITY-ST-ZIP PORT ST. LUCIE FL 34983	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOUGEOTTE MAE	
STREET ADDRESS 2962 SE BELLA ROAD	
CITY-ST-ZIP PT. ST. LUCIE FL 34984	
TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENTZ DAVID	
STREET ADDRESS 2549 SW CARPENTER ST	
CITY-ST-ZIP PT. ST. LUCIE FL 34984	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:** Deborah E. Petty TD 03/05/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)