

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90005 030 ****61.25

DOCUMENT # 712892

1. Entity Name

PORT ST LUCIE LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

352 SW LAKEHURST DRIVE
 P.O. BOX 8055
 PORT ST LUCIE FL 34985
 US

352 SW LAKEHURST DRIVE
 P.O. BOX 8055
 PORT ST LUCIE FL 34985
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 8055

PO Box 8055

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Port St. Lucie, FL

Port St Lucie, FL

City & State

City & State

4. FEI Number

59-2156222

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip 34985

Country US

Zip 34985

Country US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETTY, DEBORAH L
 352 SW LAKEHURST DRIVE
 PO BOX 8055
 PORT ST LUCIE FL 34983

Name Catherine Turner
 Street Address (P.O. Box Number is Not Acceptable) 2289 SE Leithgow St.
 PO Box 8055
 City Port St. Lucie FL Zip Code 34952

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 Catherine Turner Catherine Turner 1-20-02
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	HENTZ, DAVID	
STREET ADDRESS	2549 SW CARPENTER ST	
CITY-ST-ZIP	PT. ST. LUCIE FL 34984	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOUGEOTTE, MAE	
STREET ADDRESS	2962 SE BELLA ROAD	
CITY-ST-ZIP	PT. ST. LUCIE FL 34984	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOUGEOTTE, JAMES	
STREET ADDRESS	2962 SE BELLA RD	
CITY-ST-ZIP	PT ST LUCIE FL 34984	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DEBORAH L. PETTY	
STREET ADDRESS	352 SW LAKEHURST DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	FILIPLOWSKI, TOM	
STREET ADDRESS	716 SE WHITE AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TS Catherine Turner	
STREET ADDRESS	2289 SE Leithgow St	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
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)(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: Catherine Turner JIRE Catherine Turner (561) 398-9088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)