

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-08-2003 90073 018 ****61.25

DOCUMENT # **712892**

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



Principal Place of Business
P.O. BOX 8055
PORT ST LUCIE FL 34985
US

Mailing Address
~~300 SW COOPER LANE~~
P.O. BOX 8055
PORT ST LUCIE FL 34985
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
PO Box 8055

City & State

City & State
PORT ST LUCIE FL

4. FEI Number **59-2156222**

Applied For
 Not Applicable

Zip

Country

Zip
34985-8055 Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BETTY, DEBORAH~~ **TURNER, CATHERINE**
2289 SW LEITHGOW STREET
PO BOX 8055
PORT ST LUCIE FL 34983

Name
Street Address (P.O. Box Number is Not Acceptable)
SAME

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Catherine Turner*

1-6-03

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 Florida 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 checked="" type="checkbox"/> Delete
NAME	MOUGEOTTE, MAE	
STREET ADDRESS	2062 SE BELLA ROAD	
CITY-ST-ZIP	PT. ST. LUCIE FL 34984	
TITLE	PO	<input checked="" type="checkbox"/> Delete
NAME	MOUGEOTTE, JAMES	
STREET ADDRESS	2062 SE BELLA RD	
CITY-ST-ZIP	PT ST LUCIE FL 34984	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CATHERINE, TURNER	
STREET ADDRESS	2289 SW LEITHGOW STREET	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VONI CRUMPTON	
STREET ADDRESS	2458 SW COOPER LANE	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT APPEL	
STREET ADDRESS	3247 WEST SNOW RD	
CITY-ST-ZIP	PORT ST LUCIE, FL 34984	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SE	
STREET ADDRESS		
CITY-ST-ZIP		
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 the 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*

1-6-03

(712) 398-9088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)