

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90012 011 ****70.00

DOCUMENT # 716465

1. Entity Name

BLOOMINGDALE LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 9
 BRANDON FL 33509-0009

P.O. BOX 9
 BRANDON FL 33509-0009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2653049

Applied For

Not Applicable

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

TROVILLION, ALLAN M
 2509 MASON OAKS DRIVE
 VALRICO FL 33594

Name **Tim Malley**

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

100 N. Tampa

Suite 2650

City

Tampa, PD

FL

Zip Code

33602

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

Malley

5/30/01

Signature, typed or printed name of registered agent and title if applicable.

(NOT 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 **PD** Delete
 NAME **TROVILLION, ALLAN M**
 STREET ADDRESS **2509 MASON OAKS DRIVE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE **PD** Change Addition
 NAME **Tim Malley**
 STREET ADDRESS **100 N. Tampa, Suite 2650**
 CITY-ST-ZIP **Tampa, FL 33602**

TITLE **VD** Delete
 NAME **KANAM, GEORGE**
 STREET ADDRESS **2327 EAGLE BLUFF DR**
 CITY-ST-ZIP **VALRICO FL**

TITLE Change Addition
 NAME **Kanarr, George**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **DENNEY, JIM**
 STREET ADDRESS **1507 CARTER OAKS DR**
 CITY-ST-ZIP **VALRICO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **DAVIS, CHRISTINA**
 STREET ADDRESS **3915 KRISTEN PLACE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Tim Malley* **WITNESS REQUIRED**

5/30/01 (813) 689-2966

CR2E037 (10/00)