

FILED

Sep 08, 2002 8:00 am
Secretary of State

08-11-2002 90171 006 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718140

1. Entity Name

INVERNESS LITTLE LEAGUE, INC.

Principal Place of Business

PO BOX 2351
INVERNESS FL 34451-2351
US

Mailing Address

PO BOX 2351
INVERNESS FL 34451-2351
US

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

59-2472922

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HUFF, MICHAEL G
7242 E. AZALEA DR
FLORAL CITY FL 34436

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	HUFF, MICHAEL G	
STREET ADDRESS	7242 E. AZALEA DR	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	VD	☒ Delete
NAME	BENNET, BART	
STREET ADDRESS	8614 E. AQUARIUS DR	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	T	☒ Delete
NAME	BOYAJAN, PEGGY	
STREET ADDRESS	584 E. KNIGHTSBRIDGE PL	
CITY-ST-ZIP	LECANTO FL 34481	
TITLE	S	☒ Delete
NAME	WORRELL, BECKY	
STREET ADDRESS	2815 E. MARY LUE ST	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	TERRY O'NEAL	
STREET ADDRESS	P.O. Box 2351	
CITY-ST-ZIP	INVERNESS, FL 34451	
TITLE	VD	☒ Change ☐ Addition
NAME	SHAW, LEWIS	
STREET ADDRESS	P.O. Box 2351	
CITY-ST-ZIP	INVERNESS, FL 34451	
TITLE	T	☒ Change ☐ Addition
NAME	KENY BINDER	
STREET ADDRESS	P.O. Box 2351	
CITY-ST-ZIP	INVERNESS, FL 34451	
TITLE		☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/02

Date

(852) 867-7200

Daytime Phone #

CR2E037 (4/02)