

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90070 041 \*\*\*\*61.25

**DOCUMENT # 757873**

1. Entity Name

OCOEE LITTLE LEAGUE, INC.

Principal Place of Business

P.O. BOX 266  
 OCOEE FL 34761

Mailing Address

P.O. BOX 266  
 OCOEE FL 34761

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 **52-1234561**

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

SABOT, LOUIS  
 FLEWELLING DRIVE  
 OCOEE FL 34761

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.

SIGNATURE

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	P	<input type="checkbox"/> Delete
NAME	SABOT, LOUIS	
STREET ADDRESS	306 CENTER STREET	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRITTON, MAX	
STREET ADDRESS	1689 RACHEL RIDGE	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	P	<input type="checkbox"/> Delete
NAME	PERKINS, JEFF	
STREET ADDRESS	130 CLEWSON COURT	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRITTON, VICKI	
STREET ADDRESS	1689 RACHELS RIDGE	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRACEY, KIM	
STREET ADDRESS	918 RED DANDY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARVER, ROBBIE	
STREET ADDRESS	723 LAKEVIEW DRIVE	
CITY-ST-ZIP	OCOEE FL 34761	

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	<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	

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 empowerments.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)