## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

## FILED Feb 14, 2000 8:00 am Secretary of State **DOCUMENT # 763180** 1. Entity Name ST. AUGUSTINE LITTLE LEAGUE. INC. 02-14-2000 90184 021 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 305 P.O. BOX 305 ST. AUGUSTINE FL 32085 ST. AUGUSTINE FL 32085-0305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 52-1287648 بالبادية المواقع المالا Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RONAWED - BROWN-Street Address (P.O. Box Number is Not Acceptable) PELLICER, CHARLES E 28 CORDOVA ST. ST AUGUSTINE FL 32084 SUITEA City ST-AUGULTINE 7208 8. The above named entity submits this statement for the purpose of changing its registered offige 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. カヤ Delete TITLE TITLE WALTER, BILL NAME NAME BROWN 66 CUNA STREET 881 WHITE EAGLE CIRLE STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32086 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE FUTCH, DAVID NAME NAME **1555 A1A SOUTH** STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 32084 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE Delete TIM FORSON NAME NAME 1302 PRINCE RD **4224 BRADFISCH LANE** STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32086 CITY-ST-ZIE CITY-ST-ZIP PD Change Addition ☐ Delete TITLE TITLE MCDONALD, ED m & DONALD. NAME NAME 1570 MASTERS DRIVE 1570 MASTERS DR. STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 32095 CITY-ST-ZIP CITY-ST-ZIP AUGUSTINE ום ☐ Addition Delete TITLE TITLE DAVIS, MICHAEL A DAVIS, MICHEAL A NAME MARKE 23 MONENDEZ 123 MENENDEZ STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32084 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete CLUKEY, MICAH NAME NAME 2 PACIFIC ST STREET ADDRESS STREET ADDRESS 201 GENOA ST AUGUSTINE FL 32084 3209 V CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE 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

2-2-00