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2001 UNIFORM BUSINESSREPORT (UBR)

Feb 19, 2001 8:00 am DOCUMENT # N9300003857 Secretary of State 1. Entity Name 01-24-2001 90027 049 ****61.25 DUNEDIN AMERICAN LITTLE LEAGUE, INC. Mailing Address Principal Place of Business P. O. BOX 481 373 DOUGLAS AVE DUNEDIN FL 34697 DUNEDIN FL 34698 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2783616 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CASTAGNETTA, DAVID J 2128 KARAN WAY **CLEARWATER FL 33763** 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 Make Check Payable to \$5.00 May Be FILE NOW: 9. Election Campaign Financing Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. President/ ☐ Addition ☐ Change TITLE Delete TITLE Dawn 5 TRUDELL, TERRY NAME NAME 346 Lafgyette B STREET ADDRESS 161 NEW YORK AVE. STREET A/I/DRESS CITY-ST-ZIP CITY-ST-2IP **DUNEDIN FL 34698** DONHOL WODD ☐ Addition VD -☐ Delete TITLE TITLE JOHNSON, DAWN S NAME ceretary & NAME 1154 Stewart STREET ADDRESS STREET ADDRESS 2432 TIMBERCREST CIR W CITY-ST-ZIE Dunedir Fr CITY-ST-ZIP **CLEARWATER FL 33763** Treasurer (Di Larry Viane (Director) ☐ Change ☐ Addition TITLE _TITLE Delete CASTAGNETTA-DAVID J HAME NAME STREET ADDRESS STREET ADDRESS 2128 KARAN WAY CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33763** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

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