2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachi

SIGNATURE:

Feb 11, 2002 8:00 am Secretary of State DOCUMENT # **N93000003857** 1. Entity Name 02-11-2002 90135 047 ****61.25 DUNEDIN AMERICAN LITTLE LEAGUE, INC. Principal Place of Business Mailing Address 373 DOUGLAS AVE P. O. BOX 481 DUNEDIN FL 04600 **DUNEDIN FL 34697** 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2783616 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JOHNSON, DAWN S 346 LAFAYETTE BLVD OLDSMAR FL 34677 City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 6 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State ű, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) ☐ Addition TITLE Delete TITLE ☐ Change JOHNSON, DAWN S NAME NAME 346 LAFAYETTE BLVD CR2E037 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE Light, Donna WEBB, DONNA-NAME NAME STREET ADDRESS 1154 STEWART DRIVE STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE viane, larry NAME NAME 51-MAIN-STREET, SUITE 14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition Gattas, Tracie NAME NAME 2631 Pinewood Dr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Dunedin FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME 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 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

FILED