

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2002 8:00 am  
Secretary of State

02-05-2002 90036 020 \*\*\*\*\*61.25

0063762

DOCUMENT # N97000006016

1. Entity Name

NORTH FORT MYERS NATIONAL LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

COMMUNITY PARK  
TAMIAMI TRAIL NORTH  
N FT MYERS FL 33917

P O BOX 3551  
N FT MYERS FL 33918

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHRISTENSON, RICHARD J  
19131 DURRANCE ROAD  
N FT MYERS FL 33917

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME CHRISTENSON, RICHARD J  
STREET ADDRESS 19131 DURRANCE ROAD  
CITY-ST-ZIP N FT MYERS FL 33917 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV  
NAME SCHIEGNER, GLEN  
STREET ADDRESS 6630 SLATER PINE DR.  
CITY-ST-ZIP N FT MYERS FL 33917 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME PRICE, JACQUE  
STREET ADDRESS 2264 LAUREL LANE  
CITY-ST-ZIP N FT MYERS FL 33917 ☒ Delete

TITLE T  
NAME EZELL, Ruth  
STREET ADDRESS 2250 COSTELLO LN  
CITY-ST-ZIP N. FT MYERS FL 33917 ☒ Change ☐ Addition

TITLE SD  
NAME KODER-HUERTA, LIZ  
STREET ADDRESS 18080 NALLE R D.  
CITY-ST-ZIP N FT MYERS FL 33917 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Ruth EZELL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02

941-731-0869

Date

Daytime Phone #

CR2E037 (9/01)