2001 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2001 8:00 am DOCUMENT # N98000006926 **Secretary of State** 1. Entity Name 02-06-2001 90038 011 ****70 00 NORTH RIVER AMERICAN LITTLE LEAGUE, INC. Principal Place of Business Mailing Address 1902 4TH STREET W. PO BOX 1072 PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2261618 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LTER Sandu Street Address (P.O. Box Number is Not Acceptable) HANSEN, MARK 3303 7TH STREET CIRCLE WEST PALMETTO FL 34221 Zip Code PARTISM <u> 34219</u> 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. 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Sandy Coulter 6305 Jim Davis Road ☐ Change DP TITLE Delete TITLE Addition HANSEN, MARK NAME NAME STREET ADDRESS STREET ADDRESS 3303 7TH STREET CIRCLE WEST Parrish FL 34219 CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 TITLE Delete TITLE ☐ Addition GAUSE, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 1902 4TH STREET WEST CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 Lori Pick 516 77 th Steast Delete TITLE TITI F NAME BELLAMY, WAYNE STREET ADDRESS STREET ADDRESS 1607 20TH AVENUE WEST CITY-ST-ZIP PALMETTO FL 34221 C!TY-ST-ZIP Lish Edington Addition Delete REEDER, BRENDA NAME NAME laaa auth que w. STREET ADDRESS 1703 21ST STREET WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 ☐ Addition TITLE ☐ Delete TITLE ☐ Change 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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SCHOOL OF SECOND OFFICE OF DIRECTOR CON 1 + CR 1-12-2001 941-776-2571

R2E037 (10/00)

☐ Change

☐ Addition