10/3/2002-90051-024-$61.25-$61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 24 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006926

1. Entity Name

NORTH RIVER AMERICAN LITTLE LEAGUE, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1804 6th St. W.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palmetto, Florida	City & State
Zip: 34221 Country: USA	Zip Country

4. FEI Number: 592261618 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Stacy Hobbs

Street Address (P.O. Box Number is Not Acceptable): 1804 6th St. W.

City: Palmetto FL Zip Code: 34221

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: Stacy Hobbs 10/1/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE: D NAME: President STREET ADDRESS: Stacy Hobbs CITY-ST-ZIP: 1804 6th St. W. Palmetto, Fl 34221	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: Vice-President STREET ADDRESS: Greg Hobbs CITY-ST-ZIP: 1804 6th St. W. Palmetto, Fl 34221	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: Treasurer STREET ADDRESS: Pam Roy CITY-ST-ZIP: 2011 21st St. W. Palmetto, Fl 34221	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: Secretary STREET ADDRESS: Lori Pick CITY-ST-ZIP: 516 77th St. E. Palmetto, Fl 34221	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: Vice-President (Junior/Senior) STREET ADDRESS: John Jasper CITY-ST-ZIP: 523 36th St. W. Palmetto, Fl 34221	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Stacy Hobbs 10/1/02 (941) 747-1180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #