

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90019 009 ****61.25

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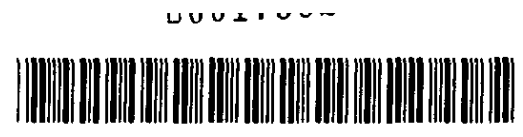
1. Entity Name
MADISON LITTLE LEAGUE, INC.

Principal Place of Business RT. 1 BOX 780 LEE FL 32059		Mailing Address RT. 1 BOX 780 LEE FL 32059-9719	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
59-2768868

5. Certificate of Status Desired Applied For Not Applicable

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HAGER, BARRY RT. 1 BOX 780 LEE FL 32059				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		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: *Barry Hager*
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BLAIR, WETZEL			NAME	Teresa Rutherford		
STREET ADDRESS	RT. 5 BOX 625			STREET ADDRESS	HWY 360 A		
CITY-ST-ZIP	MADISON FL 32340			CITY-ST-ZIP	Madison, Fl. 32340		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARNER, TOMMY			NAME			
STREET ADDRESS	VALDOSTA HWY.			STREET ADDRESS			
CITY-ST-ZIP	MADISON FL 32340			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SALLS, MIKE			NAME	Kevin Beals		
STREET ADDRESS	RT. 4 BOX 1640			STREET ADDRESS	Post Rd.		
CITY-ST-ZIP	MADISON FL 32340			CITY-ST-ZIP	Madison, Fl. 32340		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUMPHREY, MIKE			NAME			
STREET ADDRESS	RT. 4, BOX 1455			STREET ADDRESS			
CITY-ST-ZIP	MADISON FL 32340			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUMPHREY, LORAIN			NAME	Jim Waller		
STREET ADDRESS	RT. 4, BOX 1455			STREET ADDRESS	HWY 145 N.		
CITY-ST-ZIP	MADISON FL 32340			CITY-ST-ZIP	Madison, Fl. 32340		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EALY, CARSON			NAME			
STREET ADDRESS	RT. 4, QUITMAN HWY.			STREET ADDRESS			
CITY-ST-ZIP	MADISON FL 32340			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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *2-7-00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #