

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91164 040 \*\*\*\*61.25

**DOCUMENT # N99000001035**

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

2. Principal Place of Business

Madison  
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 4  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Madison, FL

City & State  
 Madison, FL 32341

4. FEI Number  
 59-2768868

Applied For  
 Not Applicable

Zip Country

Zip Country  
 32341 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAGER, BARRY  
 RT. 1 BOX 780  
 LEE FL 32059

7. Name and Address of New Registered Agent

Name Doug Brown  
 Street Address (P.O. Box Number is Not Acceptable) 2552 E Highway 90  
 City Madison FL Zip Code 32340

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]* Doug Brown, President

4/27/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RUTHERFORD, TERESA	
STREET ADDRESS	HWY 360A	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARNER, TOMMY	
STREET ADDRESS	VALDOSTA HWY	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEALS, KEVIN	
STREET ADDRESS	POST RD	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUMPHREY, MIKE	
STREET ADDRESS	RT. 4, BOX 1455	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALLER, JIM	
STREET ADDRESS	HWY 145 N	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	EALY, CARSON	
STREET ADDRESS	RT. 4, QUITMAN HWY.	
CITY-ST-ZIP	MADISON FL 32340	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doug Brown	
STREET ADDRESS	2552 E. Highway 90	
CITY-ST-ZIP	Madison, FL 32340	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jay Fraleigh	
STREET ADDRESS	PO Box 262	
CITY-ST-ZIP	Madison, FL 32341	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Sowell	
STREET ADDRESS	201 S. Range St	
CITY-ST-ZIP	Madison, FL 32340	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lindsey Lawson	
STREET ADDRESS	201 NW Brockwood Ave	
CITY-ST-ZIP	Madison, FL 32340	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Ragans	
STREET ADDRESS	1521 E Base Street	
CITY-ST-ZIP	Madison, FL 32341	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]* TERESA RUTHERFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01  
 Teresa, Rutherford

(850) 973-6867

Daytime Phone #

CR2E037 (10/00)