

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90237 017 ****61.25

DOCUMENT # N99000001035

1. Entity Name
MADISON LITTLE LEAGUE, INC.

Principal Place of Business

RT. 1 BOX 780
 MADISON FL 32059

Mailing Address

PO BOX 4
 MADISON FL 32341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2768868**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, DOUG
2552 E HIGHWAY 90
MADISON FL 32340

7. Name and Address of New Registered Agent

Name **W. THOMAS COPELAND**
 Street Address (P.O. Box Number is Not Acceptable) **208 So. RANGE ST**
MADISON FL.
 City **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 DATE **1-29-02**

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 checked="" 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 type="checkbox"/> Delete
NAME	FRALEIGH, JAY	
STREET ADDRESS	PO BOX 262	
CITY-ST-ZIP	MADISON FL 32341	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOWELL, ALAN	
STREET ADDRESS	201 S. RANGE ST	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, LINDSEY	
STREET ADDRESS	201 NW BROOKWOOD AVE	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Doug	
STREET ADDRESS	2552 E Highway 90	
CITY-ST-ZIP	Madison, FL 32340	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: DATE **1-29-02** Daytime Phone # **(850) 973-8433**

CR2E037 (9/01)