

2002 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
May 01, 2002 8:00 am
Secretary of State

02-17-2002 90039 008 ****61.25

DOCUMENT # 713112

1. Entity Name

**IMMOKALEE LITTLE LEAGUE BASEBALL ASSOCIATION, IN
 CORPORATED**

Principal Place of Business

P.O. BOX 5096
 IMMOKALEE FL 34143

Mailing Address

P.O. BOX 5096
 IMMOKALEE FL 34143

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 **52-1242228**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YZAGUIRRE, TAMMY S
 1313 ORANGE STREET
 IMMOKALEE FL 34142**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **YZAGUIRRE, TAMMY S**
 STREET ADDRESS **1313 ORANGE ST.**
 CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPD** ☐ Delete
 NAME **DAVENPORT, JEFF**
 STREET ADDRESS **19404 IMMOKALEE RD.**
 CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE **Vice-President** ☒ Change ☐ Addition
 NAME **Jackie W. Williams**
 STREET ADDRESS **641 N 9th St.**
 CITY-ST-ZIP **Immokalee, FL 34148**

TITLE **T** ☐ Delete
 NAME **WILLIAMS, TANYA**
 STREET ADDRESS **5118 BASS RD**
 CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME **Maribel Kuhl**
 STREET ADDRESS **PO Box 1509**
 CITY-ST-ZIP **Immokalee, FL 34143**

TITLE **S** ☐ Delete
 NAME **WILLIAMS, TANYA**
 STREET ADDRESS **5118 BASS RD**
 CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **Doraclia Hernandez**
 STREET ADDRESS **550 N 19th St #23**
 CITY-ST-ZIP **Immokalee, FL 34142**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED
YZAGUIRRE, TAMMY S.

Date

Daytime Phone

CP2E037 (9/01)