2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 713112

1. Entity Name



Aug 22, 2003 8:00 am § Secretary of State 08-22-2003 90103 022 ****61.25

FILED

IMMOKAL CORPORA	ee little league basebai Ated	LL ASSOCIATION, IN ^J						
Principal Plac	ce of Business	Mailing Address						
		P.O. BOX 5096						
immokalee Fi	L 34143	IMMOKALEE FL 34143						
)) (
2. Principal F	Place of Business	3. Mailing Address	- 					
Suite, Apt.	# oto	Suite, Apt. #, etc.			_			
Suite, Apt.	. 4, 610.	Suite, Apr. #, etc.		ļ		CHECK HERE IF MAKI	NG CHANGES	
City & State		City & State	City & State		4. FEI Number 52-1242228			oplied For ot Applicable
Zip	Country	Zip	ip Country		5. Certificate of St	atus Desired	\$8.75 Add	
	6 Name and Address of Course of	Designation of Asset				<u></u>	Fee Require	ed
	6. Name and Address of Current	Registered Agent	-Name		7. Name and Add	ress of New Registere	d Agent	
+ YZAGUIR	RE, TAMMY S		A	\	10. BN			
	ANGE STREET		Street Address (I			iot Acceptable)		
IMMOKAL	LEE FL 34142							
•			City				Zip Cod	e
9. The above	named entity submits this statement for	r the ournose of changing its re	raistored office of	r registers	ad agent or both in			and accept
	tions of registered agent.	r the purpose of changing its re	gistered onice of	rregistere	ad agent, or both, in	ilib state di Fiorida. Ta	an fairimai widi,	and accept
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SIGNATURE	Signature, typed or printed name of registered agent a	, , , , , , , , , , , , , , , , , , ,		to the state of th	 			
	Signature, typed or printed name of registered agent a	and the it applicable. (NOTE: F	Registered Agent signat	ture required v	when reinstaung)	DAT	<u> </u>	
15 W 15	FILE NOW, FEE IS 854 05							.(
	FILE MINAL FEET IN VELLAN	i 9 Election Camo	aign Financing		CE OO o.	Maka Che	ock Davahia	to.
	FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be \$2	9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees		eck Payable artment of S	
After Sept	tember 10, 2003, min will be \$2	Trust Fund Cor	ntribution,	A	Added to Fees DDITIONS/CHANGE	Florida Dep	artment of S	State
After Sept	OFFICERS AND DIF	36.25 Trust Fund Cor	11.	A	Added to Fees DDITIONS/CHANGE	Florida Dep	artment of S	State
After Sept 10. TITLE NAME	OFFICERS AND DIF	Trust Fund Cor	11TITLE	A	Added to Fees DDITIONS/CHANGE	Florida Dep	artment of S	State
After Sept	OFFICERS AND DIF	Trust Fund Cor	11.	Pres	Added to Fees DDITIONS/CHANGI Sident/Di nda Rodri	Florida Dep S TO OFFICERS AND rector gue Z a. Aue	artment of S	State
After Sept 10. TITLE NAME STREET ADDRESS	OFFICERS AND DIF PD YZAGUIRRE, TAMMY'S 1313 ORANGEST. IMMOKALEE FL 34142 VPD	Trust Fund Cor	11. TITLE NAME STREET ADDRESS	Pres	Added to Fees DDITIONS/CHANGI Sident/Di nda Rodri	Florida Dep	artment of S	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF PD YZAGUIRRE, TAMMY'S 1313 ORANGE ST. IMMOKALEE FL 34142 VPD WILLIAMS, JACKIE W	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Pres	Added to Fees DDITIONS/CHANGI Sident/Di nda Rodri	Florida Dep S TO OFFICERS AND rector gue Z a. Aue	artment of \$ DIRECTORS IN Change	State 1 10 Addition
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I hereby certify that the information supplied with this filling 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 toy-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.