

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700675

1. Entity Name

MEADOWLAWN LITTLE LEAGUE INC

APPROVED
AND
FILED
01-19-2000 90228 005 ****70.00

00 OCT 31 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7390 18TH ST N.
PO BOX 20644
ST. PETE FL 33742
US

Mailing Address
7390 18TH STREET N
P O BOX 20644
ST PETERSBURG FLA 33742
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
23-7061591

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CARBONARO, CARLA
3075 HERON PLACE
CLEARWATER FL 33762

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
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CARBONARO, CARLA
STREET ADDRESS 1960 74TH AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE TD ☒ Delete
NAME STRAIGHT, MARIE
STREET ADDRESS 200 82ND AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE VP ☐ Delete
NAME ACCETTA, CHUCK
STREET ADDRESS 2931 DARTMOUTH AVE N
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME *Tom Carson gave
STREET ADDRESS Permission to Correct Doc.
CITY-ST-ZIP 10/31/00

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

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

TITLE Treasurer ☒ Change ☐ Addition
NAME Shirley A. Carson
STREET ADDRESS 8414 17th Street North
CITY-ST-ZIP St. Petersburg, FL 33702

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

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

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

TITLE ☐ Change ☐ 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)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-7-00 727-299-023