

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90176 006 ****61.25

DOCUMENT # 702272

1. Entity Name

NORTH LAKE LAND AMERICAN LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

HUNT FOUNTAIN PARK
 7044 GREEN ROAD
 LAKE LAND FL 33809
 US

HUNT FOUNTAIN PARK
 7044 GREEN ROAD
 LAKE LAND FL 33810-2111
 US

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

59-3178211

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHEWS, BARBARA B
 5336 U.S. HWY. 98 N.
 LAKE LAND FL 33809

Name **CHARLES L. CARLTON**

Street Address (P.O. Box Number is Not Acceptable)
2310 LAKE LAND HILLS BLVD

City **LAKELAND** FL Zip Code **33805**

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 Charles L. Carlton Barbara Mathews 4-20-00
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 Delete
 NAME **PD FOX, BRAD**
 STREET ADDRESS **5712 LAKE BREEZE AVE**
 CITY-ST-ZIP **LAKELAND FL**

TITLE Change Addition
 NAME **James Leach**
 STREET ADDRESS **6215 Angus Dr.**
 CITY-ST-ZIP **Lakeland FL, 33810**

TITLE Delete
 NAME **SD HOWELL, FRANK**
 STREET ADDRESS **1805 BALTIC PLACE**
 CITY-ST-ZIP **LAKELAND FL**

TITLE Change Addition
 NAME **S Rebecca Valdez**
 STREET ADDRESS **6522 Cromwell Rd**
 CITY-ST-ZIP **Lakeland FL, 33809**

TITLE Delete
 NAME **T VALDEZ, REBECCA**
 STREET ADDRESS **6522 CROMWELL RD**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE Change Addition
 NAME **T Deborah Shiver**
 STREET ADDRESS **2050 Ranchland Acres Rd**
 CITY-ST-ZIP **Lakeland FL, 33809**

TITLE Delete
 NAME **VD QUICLEY, JOE**
 STREET ADDRESS **6206 DOE CIRCLE EAST**
 CITY-ST-ZIP **LAKELAND FL**

TITLE Change Addition
 NAME **V Billy Searles**
 STREET ADDRESS **1100 Enterprise St.**
 CITY-ST-ZIP **Lakeland FL, 33805**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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)(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: James Leach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR E037 (9/99)