

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702272

1. Entity Name

NORTH LAKE LAND AMERICAN LITTLE LEAGUE, INC.

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

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business HUNT FOUNTAIN PARK 7044 GREEN ROAD LAKE LAND FL 33809 US		Mailing Address 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 <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MATHEWS, BARBARA B 5336 U.S. HWY. 98 N. LAKE LAND FL 33809		7. Name and Address of New Registered Agent Name CHARLES L. CARLTON Street Address (P.O. Box Number is Not Acceptable) 2310 LAKE LAND HILLS BLVD City LAKE LAND FL Zip Code 33805	
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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 Charles Carlton 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME FOX, BRAD STREET ADDRESS 5712 LAKE BREEZE AVE CITY-ST-ZIP LAKE LAND FL	<input checked="" type="checkbox"/> Delete	TITLE P NAME James Leach STREET ADDRESS 6215 Angus Dr. CITY-ST-ZIP LAKE LAND FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME HOWELL, FRANK STREET ADDRESS 1805 BALTIC PLACE CITY-ST-ZIP LAKE LAND FL	<input checked="" type="checkbox"/> Delete	TITLE S NAME Rebecca Valdez STREET ADDRESS 6522 Cromwell Rd CITY-ST-ZIP LAKE LAND FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME VALDEZ, REBECCA STREET ADDRESS 6522 CROMWELL RD CITY-ST-ZIP LAKE LAND FL 33809	<input checked="" type="checkbox"/> Delete	TITLE T NAME Deborah Shiver STREET ADDRESS 2050 Ranchland Acres Rd CITY-ST-ZIP LAKE LAND FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME QUICLEY, JOE STREET ADDRESS 6206 DOE CIRCLE EAST CITY-ST-ZIP LAKE LAND FL	<input checked="" type="checkbox"/> Delete	TITLE V NAME Billy Searles STREET ADDRESS 1100 Enterprise St. CITY-ST-ZIP LAKE LAND FL 33805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: James Leach  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR E037 (9/99)