

2001' UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90121 045 ****61.25

0065827

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 33809-
US****606097**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3178211

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

**CARLTON, CHARLES L
2310 LAKE LANE HILLS BLVD
LAKE LAND FL 33805**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FOX, BRAD	
STREET ADDRESS	5712 LAKE BREEZE AVE	
CITY-ST-ZIP	LAKE LAND FL	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, FRANK	
STREET ADDRESS	1805 BALTIC PLACE	
CITY-ST-ZIP	LAKE LAND FL	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VALDEZ, REBECCA	
STREET ADDRESS	6522 CROMWELL RD	
CITY-ST-ZIP	LAKE LAND FL 33809	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	QUICLEY, JOE	
STREET ADDRESS	6206 DOE CIRCLE EAST	
CITY-ST-ZIP	LAKE LAND FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Billy Seales	
STREET ADDRESS	1110 Enterprise St.	
CITY-ST-ZIP	Lake Land FL 33805	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Leach	
STREET ADDRESS	6215 August Dr.	
CITY-ST-ZIP	Lake Land FL 33810	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah Shiver	
STREET ADDRESS	3050 Ranchland Ave	
CITY-ST-ZIP	Lake Land FL 33809	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephanie Asher	
STREET ADDRESS	7947 Benjamin Dr	
CITY-ST-ZIP	Lake Land FL 33810	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Shiver

Date

1/9/01

Daytime Phone #

863-858-8181

CR2E037 (10/00)