

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90131 016 ****61.25

DOCUMENT # 703871

1. Entity Name

PEMBROKE PINES LITTLE LEAGUE INC

Principal Place of Business

Mailing Address

**1200 S.W. 72ND AVENUE
 PEMBROKE PINES FL 33023**

**1200 S.W. 72ND AVENUE
 PEMBROKE PINES FL 33023**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0256125

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

**ROSE, DIANE
 601 SW 67 AVENUE
 PEMBROKE PINES FL 33023**

Name **Suzan Hopkins**

Street Address (P.O. Box Number is Not Acceptable)
731 SW 70th Avenue

City **Pembroke Pines**

FL

Zip Code **33023**

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

Suzan Hopkins

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/02

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 **VD** ☐ Delete
 NAME **HOPKINS, SUZAN**
 STREET ADDRESS **731 SW 70 AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE **PD** ☒ Change ☐ Addition
 NAME **HOPKINS, SUZAN**
 STREET ADDRESS **731 SW 70 AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33023**

TITLE **PD** ☒ Delete
 NAME **ROSE, DIANE**
 STREET ADDRESS **601 SW 67 AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE **VD** ☐ Change ☒ Addition
 NAME **MILLER, ROY**
 STREET ADDRESS **4207 SW 70 TERRACE**
 CITY-ST-ZIP **DAVE, FL 33017**

TITLE **SD** ☐ Delete
 NAME **HESTER, SHARON**
 STREET ADDRESS **600 SOUTH RAINBOW DRIVE**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE **TD** ☐ Delete
 NAME **DOSTER, SUSAN**
 STREET ADDRESS **7041 S.W 16TH STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL 33023**

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

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:

SIGNATURE REQUIRED

1/30/02 (954) 249-2696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)