

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705473

1. Entity Name

WINTER PARK LITTLE LEAGUE, INC.

Principal Place of Business

ST ANDREWS AVE. AT LOCH LOMOND AVE.
P.O. BOX 4552
WINTER PARK FL 32793

Mailing Address

P O BOX 3702
~~P.O. BOX 4552~~
WINTER PARK FL 32790
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

52-1287615

Applied For

Not Applicable

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

WHITING, MACAULEY JR.
405 LAKEWOOD DRIVE
WINTER PARK FL 32789

Name

GARY R. SCHNEIDER

Street Address (P.O. Box Number is Not Acceptable)

1225 Raintree Place

City

Winter Park

FL

Zip Code

32789

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 10, 2001

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	VD	<input type="checkbox"/> Delete
NAME	MICCOCI, PAUL	
STREET ADDRESS	1640 OAKHURST AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MALONE, CINDY	
STREET ADDRESS	2360 CADY WAY	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WHITING, JR M	
STREET ADDRESS	405 LAKEWOOD DR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KEDERICK, COBBY	
STREET ADDRESS	2305 SMILEY AVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAGON, PAKL	
STREET ADDRESS	1508 SUMMERWIND DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY R. SCHNEIDER	
STREET ADDRESS	1225 Raintree Place	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL LOGAN	
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]*

SIGNATURE REQUIRED

GARY R. SCHNEIDER

1/10/01

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90044 001 ****61.25
01-22-2001 90044 002 *****8.75



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)