

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705598

1. Entity Name

NORTH BRANDON LITTLE LEAGUE, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90020 012 ****61.25

Principal Place of Business

Mailing Address

2915 N. KINGSWAY AVENUE
SEFFNER FL 33584
US

P.O. BOX 452
BRANDON FL 33509-0452

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

59-1778709

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

PACINI, PAT
329 SOUTH PARSONS #513
BRANDON FL 33511

Name **David Jones**

Street Address (P.O. Box Number is Not Acceptable)
1203 Wicklow Hill Court

City **Brandon,**

FL

Zip Code **33511**

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

David Jones

President

1-26-00

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 **PD** ☒ Delete
NAME **PACINI, PAT**
STREET ADDRESS **529 SOUTH PARSONS #513**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **PD** ☐ Change ☒ Addition
NAME **David Jones**
STREET ADDRESS **1203 Wicklow Hill Court**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE **SD** ☐ Delete
NAME **BARRY, MICHELLE**
STREET ADDRESS **1813 STAYSAIL DRIVE**
CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE **TD** ☒ Delete
NAME **HEGER, GARY**
STREET ADDRESS **1212 LADY GUENEVIERE**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **TD** ☐ Change ☒ Addition
NAME **Teresa Tilson**
STREET ADDRESS **2607 Giant Place**
CITY-ST-ZIP **Seffner, FL 33584**

TITLE **VD** ☒ Delete
NAME **MAMAK, DONNA**
STREET ADDRESS **3302 KING CHARLES CIRCLE**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE **VD** ☐ Change ☐ Addition
NAME **Michelle Barry**
STREET ADDRESS **1813 Staysail Drive**
CITY-ST-ZIP **Valrico, FL 33594**

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:

Michelle Barry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00

Date

(813) 979-3315

Daytime Phone #

CR2E037 (9/99)