

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 705598**

1. Entity Name

NORTH BRANDON LITTLE LEAGUE, INC.

Principal Place of Business

2915 N. KINGSWAY AVENUE
SEFFNER FL 33584
US

Mailing Address

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 Applicable5. 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

JONES, DAVID
1203 WICKLOW HILL COURT
BRANDON FL 33511Name **Catrina Haynes**

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

104 Rollingwood LaneCity **Valrico**FL Zip Code **33594**

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 **Catrina Haynes President Catrina Haynes** 9/24/01
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**
After September 12, 2001, min. will be \$236.259. 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 **PO** ☒ Delete
NAME **JONES, DAVID**
STREET ADDRESS **1203 WICKLOW HILL COURT**
CITY-ST-ZIP **BRANDON FL 33511**TITLE **D** ☒ Change ☐ Addition
NAME **Catrina Haynes**
STREET ADDRESS **104 Rollingwood Lane**
CITY-ST-ZIP **Valrico FL 33594**TITLE **SD** ☒ Delete
NAME **BARRY, MICHELLE**
STREET ADDRESS **1813 STAYSAIL DRIVE**
CITY-ST-ZIP **VALRICO FL 33594**TITLE **D** ☒ Change ☐ Addition
NAME **Secretary Joanne Austin**
STREET ADDRESS **923 Skyview Dr**
CITY-ST-ZIP **Brandon, FL 33510**TITLE **TD** ☐ Delete
NAME **TILSON, TERESA**
STREET ADDRESS **2607 GIANT PLACE**
CITY-ST-ZIP **SEFFNER FL 33584**TITLE **D** ☐ Change ☐ Addition
NAME **Treasurer Tilson, Teresa**
STREET ADDRESS **SAME**
CITY-ST-ZIPTITLE **VD** ☒ Delete
NAME **BARRY, MICHELLE**
STREET ADDRESS **1813 STAYSAIL DRIVE**
CITY-ST-ZIP **VALRICO FL 33594**TITLE **D** ☒ Change ☐ Addition
NAME **V.P. Joanne Austin**
STREET ADDRESS **923 Skyview Dr**
CITY-ST-ZIP **Brandon, FL 33510**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Catrina Haynes Catrina Haynes** 9/24/01 654-2172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

01 OCT -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)