2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 706213 May 30, 2000 8:00 am 1. Entity Name Secretary of State VENICE LITTLE LEAGUE, INC. 05-30-2000 90047 005 ****70.00 Mailing Address Principal Place of Business P.O. BOX 2154 P.O. BOX 2154 VENICE FL 34284-2154 VENICE FL 34284-2154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 23-7400963 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LE MASTROBLE Street Address (P.O. Box Number is Not Acceptable) ADINOLFI, ARLYN 900 THE RIALTO 2505 FIRETREE LN VENICE FL 34285 Zip Code JENICE 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DŤ Change | Addition TITLE TITLE Delete CARROLL, RICH WEBER, CHERYL NAME NAME STREET ADDRESS 1681 VALLEY DRIVE STREET ADDRESS VENICE, FL 34292 CITY-ST-ZIP CITY-ST-ZIP VENCIE FL ☐ Change Addition TITLE CARTER, PAT ADINOLFI, ARLYN NAME 199 NASSAU ST. 5. STREET ADDRESS 900 THE RIALTO STREET ADDRESS VEHICE FL 34285 CITY-ST-ZIP CITY-ST-ZIP VENICE FL Change Addition TITLE TITLE STRUBLE, KEITH BERNER, ANN NAME 2505 FIRETREE W. 116 TINA ISLAND DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 34292 OSPREY FL 34229 VENICE FL ☐ Change Addition Delete TITLE DS TITLE EHRHART, DARLEHE 1051 HOPE ST. CARROLL, RICH NAME NAME STREET ADDRESS STREET ADDRESS 1755 E.VENICE AVE CITY-ST-ZIP CITY-ST-7IP VENICE FL 34292 34292 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

SURKEDM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: