

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706213

1. Entity Name

VENICE LITTLE LEAGUE, INC.

Principal Place of Business

P.O. BOX 2154
VENICE FL 34284-2154
US

Mailing Address

P.O. BOX 2154
VENICE FL 34284-2154
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

23-7400963

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

STRUBLE, KEITH
2505 FIRETREE LN
VENICE FL 34292

Name

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

City

FL

Zip Code

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP CARROLL, RICH 1755 E VENICE AVE VENICE FL 34292	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARTER, PAT 199 NASSAN ST S VENICE FL 34285	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STRUBLE, KEITH 2505 FIRETREE LN VENICE FL 34292	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EHRHART, DARLENE 1051 HOPE ST VENICE FL 34292	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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

KEITH STRUBLE

5/2/01

342-148-757

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90366 043 ****70.00

706213



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)