2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 08, 2002 8:00 am Secretary of State **DOCUMENT # 706213** 1. Entity Name 01-08-2002 90027 003 ****61.25 VENICE LITTLE LEAGUE, INC. Principal Place of Business Mailing Address P.O. BOX 2154 VENICE FL 34284-2154 P.O. BOX 2154 VENICE FL 34284-2154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 23-7400963 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRUBLE, KEITH 2505 FIRETREE LN VENICE FL 34292 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DVP TITLE ☐ Delete TITLE ☐ Addition President CARTER, PAT NAME NAME Frances Spencer 199 NASSAN ST S 1208 Ridgewood Ave. Venice Fr. 34292 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34285 CITY-ST-ZIP Treasurer TITLE ☐ Delete TITLE Change ☐ Addition STRUBLE, KEITH Shari Harvey 1065 Nantucket NAME NAME STREET ADDRESS 2505 FIRETREE LN STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP Venice, F1. Secretary Shelly Kranss 125 Paddington Rd Change ☐ Addition TITLE TITLE ☐ Delete EHRHART, DARLENE NAME NAME STREET ADDRESS 1051 HOPE ST STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP Venice, F1. 3429 3 Change TITLE ☐ Delete TITLE ☐ Addition John Castellanete NAME NAME 925 fineland Ave. Venice, F1.3439d STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - TITLE ☐ Delete TITLE Change ☐ Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 acquirate 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 files empowered.

FILED

-5-0 a