

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707370

1. Entity Name

NORTH MERRITT ISLAND LITTLE LEAGUE, INC.

FILED

Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90019 049 ****61.25

Principal Place of Business

Mailing Address

305 N COURTENAY PKWY
P.O. BOX 540394
MERRITT ISLAND FL 32953
US

~~P.O. BOX 394~~
P.O. BOX 540394
MERRITT ISLAND FL 32954-0394
US

A0023002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3400889

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAWSON, KIMBERLEY A
340 MARSEILLE DRIVE
MERRITT ISLAND FL 32953

Name

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

935 DATE AVENUE

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	T CAUDLE, BILL 3605 STARLIGHT AVENUE MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLINS, JOHN P.O. BOX 394, N/A MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STARKEY, JESSE 1445 VENUS STREET MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, JANICE 3475 SAVANNAH STREET MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWSON, KIMBERLY 340 MARSEILLE DRIVE MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HINKEL, MELANIE 685 BUTTONWOOD DRIVE MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D GEIGER, NANCY J. 7741 PINE LAKE DR MERRITT ISLAND, FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D JOHN DIAMANTAS 150 RICHLAND AVE MERRITT ISLAND FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D LISA BROWN 640 ANDRIX ST. MERRITT ISLAND, FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES LAWSON 340 MARSEILLE DR MERRITT ISLAND FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D 935 DATE AVENUE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Nancy J. Geiger 2/2/00 (321)
452-5441

CR2E037 (9/99)