

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708631

1. Entity Name

INDIAN RIVER COUNTY LITTLE LEAGUE, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90161 008 ****61.25

Principal Place of Business

3995 18TH STREET
P.O. BOX 2519
VERO BEACH FL 32961-9519

Mailing Address

3995 18TH STREET
P.O. BOX 2519
VERO BEACH FLA. 32961-2519
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0950327

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

BARENBORG, ED
555 40TH AVE
VERO BEACH FL 32968

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 VP ☐ Delete
NAME KOPPELMAN, KEVIN
STREET ADDRESS 185 49TH AVE
CITY-ST-ZIP VERO BEACH FL 32968

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

TITLE SD ☐ Delete
NAME MARTIN, RHONDA
STREET ADDRESS 3115 62ND DR
CITY-ST-ZIP VERO BEACH FL 32966

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

TITLE TD ☐ Delete
NAME BOBNAR, MICHAEL F
STREET ADDRESS 1165 HIGHLAND DR SW
CITY-ST-ZIP VERO BEACH FL 32962

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1501 53RD AVE
CITY-ST-ZIP VERO BEACH, FL. 32966

TITLE PD ☐ Delete
NAME BARENBORG, ED
STREET ADDRESS 555 40TH AVE
CITY-ST-ZIP VERO BEACH FL 32968

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL F BOBNAR

20 JAN '00

561-778-1472

Date

Daytime Phone #

CR2E037 (9/99)