

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710282

1. Entity Name

CONWAY LITTLE LEAGUE, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90079 005 ****61.25

Principal Place of Business

Mailing Address

P O BOX 561253
ORLANDO FL 32856-1253
US

P O BOX 561253
ORLANDO FL 32856-1253
US



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

23-7396676

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

WATWOOD, ANGIE
2709 GLENDORA AVENUE
ORLANDO FL 32812

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 P ☒ Delete
NAME VALENTI, LINDA
STREET ADDRESS 6025 GREEN TURTLE AVE
CITY-ST-ZIP ORLANDO FL 32822

TITLE P ☒ Change ☐ Addition
NAME ANGIE WATWOOD
STREET ADDRESS 2709 GLENDORA AVE.
CITY-ST-ZIP ORLANDO FL 32812

TITLE VP ☒ Delete
NAME ALLEN, CRAIG
STREET ADDRESS 5034 DORETTA CT.
CITY-ST-ZIP ORLANDO FL 32807

TITLE VP ☒ Change ☐ Addition
NAME DAVID FOSKETT
STREET ADDRESS 3118 ILLINGWORTH AVE
CITY-ST-ZIP ORLANDO FL 32806

TITLE D ☒ Delete
NAME WIELAND, GLEN
STREET ADDRESS 3309 RAEFORD ROAD
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ Change ☐ Addition
NAME MICHAEL JOHNSON
STREET ADDRESS 3503 FOX HOLLOW DR.
CITY-ST-ZIP ORLANDO FL 32829

TITLE T ☒ Delete
NAME TOMASSI, MARK
STREET ADDRESS 4032 BOUNCE DRIVE
CITY-ST-ZIP ORLANDO FL 32812

TITLE T ☒ Change ☐ Addition
NAME MARIA GUTIERREZ
STREET ADDRESS 3726 GATLIN RIDGE DR.
CITY-ST-ZIP ORLANDO FL 32812

TITLE PD ☒ Delete
NAME CULVER, MICHELLE
STREET ADDRESS 4127 BOUNCE DRIVE
CITY-ST-ZIP ORLANDO FL 32812

TITLE PD ☒ Change ☐ Addition
NAME HEATHER CHILDRESS
STREET ADDRESS 4949 REGINALD RD.
CITY-ST-ZIP ORLANDO FL 32829

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:

Marie Little League Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

407 384-2982

Date

Daytime Phone #

CR2E037 (9/99)