

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90109 022 \*\*\*\*61.25

**DOCUMENT # 712565**

1. Entity Name

**HARDEE COUNTY LITTLE LEAGUE, INC.**

Principal Place of Business

Mailing Address

**501 W. MAIN ST  
WAUCHULA FL 33873**

**P O BOX 1003  
WAUCHULA FL 33873-1003**

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

**59-2653623**

Applied For

Not Applied For

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

Name

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

City

**FL**

Zip Code

**H. BURTON, JOHN W  
501 WEST MAIN ST  
WAUCHULA FL 33873**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRAWFORD, VINCENT M	
STREET ADDRESS	342 ALTMAN RD	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HATTON, STEVE	
STREET ADDRESS	704 OAK FOREST LANE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JACKI	
STREET ADDRESS	4520 FAIR AVE	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BOLIN, MILLIE	
STREET ADDRESS	525 DANSBY RD	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	SOD	<input checked="" type="checkbox"/> Delete
NAME	BOLIN, TODD	
STREET ADDRESS	525 DANSBY RD	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	PAD	<input checked="" type="checkbox"/> Delete
NAME	FARR, KEITH	
STREET ADDRESS	1262 ASPEN LN	
CITY-ST-ZIP	WAUCHULA FL 33873	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERRY, BARNEY	
STREET ADDRESS	P.O. Box 1346	
CITY-ST-ZIP	Wauchula, FL 33873	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benavides, Denise	
STREET ADDRESS	603 East Palmetto St	
CITY-ST-ZIP	Wauchula, FL 33873	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buckley, Tammy	
STREET ADDRESS	5382 Ollie Roberts Road	
CITY-ST-ZIP	Bowling Green, FL 33834	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Tammy Buckley* **Tammy Buckley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-19-00**

Date

**863-773-6689**

Daytime Phone #