

DOCUMENT # 712565

1. Entity Name

HARDEE COUNTY LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

501 W. MAIN ST
WAUCHULA FL 33873P O BOX 1003
WAUCHULA FL 33873

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2653623

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

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

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, VINCENT M	
STREET ADDRESS	342 ALTMAN RD	
CITY-ST-ZIP	WAUCHULA FL 33873	

TITLE	S	<input type="checkbox"/> Delete
NAME	BENAVIDES, DENISE	
STREET ADDRESS	603 E. PALMETTO ST	
CITY-ST-ZIP	WAUCHULA FL 33873	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BUCKLEY, TAMMY	
STREET ADDRESS	5382 OLLIE ROBERTO RD	
CITY-ST-ZIP	BOWLING GREEN FL 33834	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHERRY, BARNEY	
STREET ADDRESS	P O BOX 1346	
CITY-ST-ZIP	WAUCHULA FL 33873	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Basey	
STREET ADDRESS	4201 West main St	
CITY-ST-ZIP	WAUCHULA, FL 33873	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Krause	
STREET ADDRESS	2807 Ralph Johns Rd	
CITY-ST-ZIP	WAUCHULA, FL 33873	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Nickerson	
STREET ADDRESS	518 N. Ed Wells Rd	
CITY-ST-ZIP	WAUCHULA, FL 33873	

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: Robert Krause

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas

1/8/01

Date

863-735-1286

Daytime Phone #

00674

CR2E037 (10/00)