

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90011 026 \*\*\*\*70.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 712565**

1. Entity Name

**HARDEE COUNTY LITTLE LEAGUE, INC.**

Principal Place of Business

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

Mailing Address

**P O BOX 1003  
 WAUCHULA FL 33873**

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 Applicable

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 \$61.25**

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 **PD** ☐ Delete  
 NAME **BASEY, STEVE**  
 STREET ADDRESS **4207 WEST MAIN ST**  
 CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE **S** ☐ Delete  
 NAME **BENAVIDES, DENISE**  
 STREET ADDRESS **603 E. PALMETTO ST**  
 CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE **T** ☐ Delete  
 NAME **KRAUSE, ROBERT**  
 STREET ADDRESS **2807 RALPH JOHNS RD**  
 CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE **VD** ☒ Delete  
 NAME **NICKERSON, JOE**  
 STREET ADDRESS **518 N ED WELLS RD**  
 CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

TITLE ☒ Change ☐ Addition  
 NAME **VP vent Crawford**  
 STREET ADDRESS **342 Altman Rd**  
 CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE ☐ Change ☐ Addition  
 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Treas.**

**2/13/02**

**813 735-1286**

Date

Daytime Phone #

CR2E037 (9/01)