2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) Jan 15, 2003 8:00 am Secretary of State DOCUMENT # 712565 01-15-2003 90212 004 ****61.25 HARDEE COUNTY LITTLE LEAGUE, INC. Principal Place of Business Mailing Address 501 W. MAIN ST P O BOX 1003 WAUCHULA FL 33873 WAUCHULA FL 33873 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2653623 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name H. BURTON, JOHN W Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Pavable to Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change ☐ Addition SAUNDERS, TAMI NAME Saunders, TAMI NAME Acdr*es*s STREET ADDRESS 501 W. MAIN ST STREET ADDRESS 102 Saunders have)F2E037 CITY-ST-ZIP WAUCHULA FL 33873 CITY-ST-7IP Wauchula, Fl **VP** TITLE ☐ Delete TITLE **Change** ☐ Addition Cobb, Richard 4808, Starke Ave COBB, RICHARD NAME NAME Adecss 501 W. MAIN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAUCHULA FL 33873 CITY-ST-ZIP ___ Delete TITLE ☐ Addition BARLOW, JOHN K NAME NAME BANDOW, JOHN K Address STREET ADDRESS 501 W. MAIN ST STREET ADDRESS 32 Cecil Durrance Road CITY-ST-ZIP WAUCHULA FL 33873 CITY-ST-ZIP

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.

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obb, Pam

4808 Starke Ave

Basly Green F1 33874

SIGNATURE:

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COBB. PAM

501 W. MAIN ST

WAUCHULA FL 33873

☐ Delete

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111h> 863-773-4151

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