

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714184

1. Entity Name

CLEARWATER NATIONAL LITTLE LEAGUE, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90041 020 ****61.25

Principal Place of Business

Mailing Address

714 N. SATURN
SID LICKTON COMPLEX
CLEARWATER FL 33755
US

PO BOX 5722
CLEARWATER FL 33758-5722
US

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

59-2917908

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

SIGNORE, CYNTHIA
1623 EL TAIR TRAIL
CLEARWATER FL 33765

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	<input checked="" type="checkbox"/> Delete
NAME	HUMPHRIES, TAD	
STREET ADDRESS	1824 EMORY DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHARP, DEBBIE	
STREET ADDRESS	1852 ELMHURST	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIGNORE, CINDY	
STREET ADDRESS	1623 EL TAIR TR	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LABUS, SHERRY	
STREET ADDRESS	1330 PARKWOOD STREET	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Haynes, Grace	
STREET ADDRESS	1544 Levern St.	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dawn Robison	
STREET ADDRESS	1820 Ridgeway Dr	
CITY-ST-ZIP	Clearwater FL 33755	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2000 (727) 796-5593

Date

Daytime Phone #

CR2E037 (9/99)