

DOCUMENT # 715441

1. Entity Name

OVIEDO LITTLE LEAGUE, INC.

f

**FILED**  
**Aug 14, 2000 8:00 am**  
**Secretary of State**

08-14-2000 90001 050 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

112 KING ST.  
 P.O. BOX 935  
 OVIEDO FL 32765

P.O. BOX 620935  
 OVIEDO FL 32762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-1278623

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

FARINA, ROBERT  
 398 LAKE MILLS AVE  
 CHULUOTA FL 32766

Name

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

905 Wellington Ave

City

Oviedo

FL

Zip Code

32762

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

8-9-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 SD ☒ Delete  
 NAME ADAES, VICKI  
 STREET ADDRESS 483 YORKSHIRE DR  
 CITY-ST-ZIP OVIEDO FL 32765

TITLE SD ☒ Change ☐ Addition  
 NAME Pat Reno  
 STREET ADDRESS 350 Terrace  
 CITY-ST-ZIP Oviedo, FL 32765

TITLE PD ☒ Delete  
 NAME ATKINS, JOHN  
 STREET ADDRESS 2521 KILDARE DR  
 CITY-ST-ZIP CHULUOTA FL 32766

TITLE VP ☒ Change ☐ Addition  
 NAME Randy Reno  
 STREET ADDRESS 350 Terrace  
 CITY-ST-ZIP Oviedo, FL 32765

TITLE PD ☒ Delete  
 NAME REILLY, CHUCK  
 STREET ADDRESS 906 KINGSBRIDGE DR  
 CITY-ST-ZIP OVIEDO FL 32765

TITLE PD ☒ Change ☐ Addition  
 NAME Lori Mott  
 STREET ADDRESS 225 W 5th Ave  
 CITY-ST-ZIP Geneva, FL 32732

TITLE TD ☒ Delete  
 NAME FARINA, ROBERT  
 STREET ADDRESS 398 LAKE MILLS AVE  
 CITY-ST-ZIP CHULUOTA FL 32766

TITLE TD ☒ Change ☐ Addition  
 NAME Terry Bush  
 STREET ADDRESS 905 Wellington Ave  
 CITY-ST-ZIP Oviedo, FL 32765

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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

Date

Daytime Phone #

8-9-00

407-359-9994

CR2E037 (5/00)