

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90189 033 *****70.00

DOCUMENT # 716207

1. Entity Name

CITRUS PARK LITTLE LEAGUE, INC.



Principal Place of Business

**7506 GUNN HIGHWAY
TAMPA FL 33625
US**

Mailing Address

**P. O. BOX 341574
TAMPA FL 33694-0067
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 **52-1286855**

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

**SKELTON, PATRICK W
400 N.ASHLEY BLVD.
SUITE 2300
TAMPA FL 33624**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUBBELL, DAVID	
STREET ADDRESS	3425 VALLEY RANCH DR.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILT, DIANA	
STREET ADDRESS	4915 PENNSBURY DR.	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SKELTON, JOANNE	
STREET ADDRESS	4720 DEERWALK LN	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOWMAN, AL	
STREET ADDRESS	5912 HAMMOCK WOODS DR	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, JEFF	
STREET ADDRESS	15917 BRIDGEWATER LN	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SINGLETON, DAVID	
STREET ADDRESS	1919 FLORETTA VIEW DR.	
CITY-ST-ZIP	TAMPA FL 33618	

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	
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	
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:

Joanne M. Skelton **RECEIVED** *Joanne M. Skelton*

4/6/03

813-287-7113

CR2E037 (10/02)