FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 02, 2001 8:00 am Secretary of State **DOCUMENT # 718140** 1. Entity Name INVERNESS LITTLE LEAGUE, INC. 02-02-2001 90290 026 ****61.25 Principal Place of Business Mailing Address PO BOX 2351 PO BOX 2351 INVERNESS FL 34451-2351 INVERNESS FL 34451-2351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2472922 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HUFF, MICHAEL G 7242 E. AZALEA DR FLORAL CITY FL 34436 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS ... 10. 11. PD TITLE ☐ Delete TITLE Change Addition HUFF, MICHAEL G NAME NAME - 1 STREET ADDRESS STREET ADDRESS 7242 E. AZALEA DR CITY-ST-ZIP CITY-ST-ZIP FLORAL CITY FL 34436 reasurel TIT! F TD Delete Change ☐ Addition peggy boyalan. NAME LATTIN-ED 2575 SOUTH ZELLNER-DRIVE STREET ADDRESS 584 E. Knightsbridge pl. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **INVERNESS FL 34450** Lecanto, Fla 34461 TITLE Delete TITLE ☐ Addition Secretary DE CARLO, SHERRI NAME NAME 5322 EAST PRENTICE LANE E many Lue ST. STREET ADDRESS STREET ADDRESS **INVERNESS FL 34452** CITY-ST-ZIP CITY-ST-7IP Invervess, Fla TITLE **VD** ☐ Delete TITLE ☐ Change ☐ Addition BENNET, BART NAME NAME STREET ADDRESS 8614 E. AQUARIUS DR STREET ADDRESS CITY-ST-ZIP **INVERNESS FL 34450** CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP 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

SIGNATURE: Michael 1-18-2001 352-344-04

changed, or on an attachment with an address, with all other like empowered.