8/11/2002-90171-0

FILED
Sep 08, 2002 8:00 am
Secretary of State

08-11-2002 90171 006 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718140

1. Entity Name

INVERNESS LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
PO BOX 2351 INVERNESS FL 34451-2351 US	PO BOX 2351 INVERNESS FL 34451-2351 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2472922 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUFF, MICHAEL G
7242 E. AZALEA DR
FLORAL CITY FL 34436

7. Name and Address of New Registered Agent

Name ~~Terry Oneal~~ Delete

Street Address (P.O. Box Number is Not Acceptable) ~~2807 Eastwood St~~ Keep same Agent

City ~~Inverness~~ FL Zip Code ~~34452~~

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, 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	PD	☑ Delete	TITLE	PD	☑ Change ☐ Addition
NAME	HUFF, MICHAEL G		NAME	Terry O'Neal	
STREET ADDRESS	7242 E. AZALEA DR		STREET ADDRESS	P.O. Box 2351	
CITY-ST-ZIP	FLORAL CITY FL 34436		CITY-ST-ZIP	Inverness, FL 34451	
TITLE	VD	☑ Delete	TITLE	VD	☑ Change ☐ Addition
NAME	BENNET, BART		NAME	James Lewis	
STREET ADDRESS	8614 E. AQUARIUS DR		STREET ADDRESS	P.O. Box 2351	
CITY-ST-ZIP	INVERNESS FL 34450		CITY-ST-ZIP	Inverness, FL 34451	
TITLE	T	☑ Delete	TITLE	T	☑ Change ☐ Addition
NAME	BOYAJIAN, PEGGY		NAME	Kenny Blocker	
STREET ADDRESS	584 E KNIGHTSBRIDGE PL		STREET ADDRESS	PO Box 2351	
CITY-ST-ZIP	LECANTO FL 34461		CITY-ST-ZIP	Inverness, FL 34451	
TITLE	S	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	WORRELL, BECKY		NAME		
STREET ADDRESS	2815 E MARY LUE ST		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34453		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (4/02)

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 — 8/8/02 — (352) 867-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #