2003 NOT-FOR-PROFIT CORPORATION

FILED Feb 14, 2003 8:00 am Secretary of State

| UN | IFORM BUSINE | SS REPORT | (UB | R) | 1/21 | | 00504011** | | |
|---|---|---|---|------------------------|--|-------------------------------|--|---------------------|---------|
| 1. Entity Name | MENT # 718140 s little league, Inc. | | Care Care Care Care Care Care Care Care | | | | 90504 011 *** | ***/U.UU | |
| Division Plans of Pusings | | Mailing Address | | | 55007120 | | | | |
| Principal Place of Business PO BOX 2351 | | PO BOX 2351 | | | | | | | |
| INVERNESS FL 34451-2351 US | | INVERNESS FL 34451-2351 US | | | 1 semile (0 00) (10 | ar sandr isdir Atblik Billt (| | #1414 J 48 3 | |
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| 2. Principal Place of Business | | 3. Mailing Address | | | T 100 VII 100 LI TERRI FALIRE INSTIL BERLI BRIN BITRE BITRE BITRE GERLI GERLI ARRE | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | | | 4. FEI Number 59-2472922 Applied For Not Applicable | | | | į |
| Zip Country | | Zip | Countr | | | \$8.75 Addi | .75 Additional Required | | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and Add | ress of New Regis | tered Agent | | - |
| | b. Identa and Address of Carlotte | <u> </u> | er (144 | Vame LLEN | RY IGLE | SIAS | چا نخیاست د بین <u>یست</u> پر | · | ١ |
| HUFF, MI | | Street Addres | | | s (P.O. Box Number is Not Acceptable) | | | | |
| | ZALEA DR | | <u>6.504.1</u> | E OKOHIN | | | | | |
| FLORAL C | OTY FL 34438 | | <u> </u> | | | | Zip Code | <u> </u> | |
| | | | | FLORE | <u>aluty</u> | · | L 3675 | ما 5 | |
| 8. The above | named entity submits this statement f | or the purpose of changing its | registered | office or registe | red agent, or both, in | the State of Florida | . I am familiar with, a | and accept | |
| the obligat | ions of registered agent | 1 shi | | - · · · · · | | -0-21- | it ik | 12 | l |
| SIGNATURE . | 1 1 | own | HEN | <u> </u> | ESIAS S | KEXDA | VI (/0) | <u>105</u> | ĺ |
| SIGNATURE . | Signature, typed or printed hame of registered ager | it angette it applicable. (NOTE | Registered A | pont signature require | d when reinstating) | | DATE | | |
| Section Compaign Finance Section Compaign Finance | | | | | AF 00 | Make | Check Payable | to. | |
| | FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. | | | \$5.00 May Be Added to Fees Florida Department of State | | | | |
| | 8.75 | | | | | | | 10 | |
| 10. | OFFICERS AND D | | 11. | TOOCS | ADDITIONS/CHANG | ES TO OFFICERS | Change | Addition | 2 |
| TITLE | PD TEDDY | Delete | NAME | HEN | en icreans | 5 | 7 | LE PERSON | (10/02) |
| NAME STREET ADDRESS | O'NEAL, TERRY PO BOX 2351 | <u>*</u> | | ADDRESS 120 | Becassi | | シ | | |
| CITY-ST-ZIP | INVERNESS FL 34451 | | CITY-ST | -ZIP TWI | UZRNESS 🖁 | <u> 24451</u> | | , | 2F037 |
| TITLE | VD | Delete | TITLE | VICE | PRESIDENT | | Change | Addition | 8 |
| NAME | LEWIS, JAMES | | NAME | bus | TESHITH | ستنزميا د يور | £-1 | | |
| STREET ADDRESS | PO BOX 2351 | | STREET . | | Böx 2351 Erness FL | 2 4451 | 9 | | ١ |
| CITY-ST-ZIP | INVERNESS FL 34451 | Delete | - TITLE- | | ASURER - | | Changa_ | Addition | 1 |
| TITLE | BLUCKER, KENNY | . E CERE | NAME - | h HR | 15 ACKER | | | | |
| STREET AODRESS | PO BOX 2351 | | STREET | ADDRESS PO | Bex 2351 | | リ | | |
| CITY-ST-ZIP | INVERNESS FL 34451 | | CITY-ST | -ZIP TIN | verness F | £ 34431 | | | ┨ |
| TITLE | | ☐ Delete | TITLE | S€ | CRETARY | - (<i>(</i>) | Change | 1 Addition | l |
| NAME | | | NAME STREET | ADDRESS 19 | ENNIFER TO | 5 / S / C | D | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST | -ZIP IN | BOX 23! | FL 3445] | | | 1 |
| TITLE | · · · · · · · · · · · · · · · · · · · | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | | | NAME | | | | | | (|
| STREET ADDRESS | ; | | STREET CITY-S | ADDRESS | | | | | |
| CITY-ST-ZIP | <u> </u> | Пъ | TITLE | - 411 | | | ☐ Change | Addition | 1 |
| TITLE NAME | | ☐ Delete | NAME | | | | | | |
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OF MINTED NAME OF SIGNING OFFICER OR DIRECTOR