

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **734385**

1. Entity Name

**POLK CITY LITTLE LEAGUE, INC.**

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90144 034 \*\*\*\*61.25

Principal Place of Business DUEY RD PO BOX 177 POLK CITY FL 33868 US	Mailing Address DUEY RD PO BOX 177 POLK CITY FL 33868-0177
--	---



DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>59-1838759</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

~~SCHEPP, KEVIN~~  
~~211 HAMOLIA AVE~~  
~~POLK CITY FL 33868~~

7. Name and Address of New Registered Agent

Name **Carol Davis**  
 Street Address (P.O. Box Number is Not Acceptable)  
**211 Hamolia Ave**  
**Polk City** **FL** Zip Code **33868**

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 **Carol Davis** **Carol Davis** **1/22/00**  
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 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DAVIS, CAROL</b> <b>211 HAMOLIA AVE</b> <b>POLK CITY FL 33868</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BRACEY, JAMES</b> <b>224 LAKESHORE DR</b> <b>POLK CITY FL 33868</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PENTON, SUZETTE</b> <b>104 ST RD 655</b> <b>POLK CITY FL 33868</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILLIAMS, NANCY</b> <b>9489 EVANS RD</b> <b>POLK CITY FL 33868</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KITCHENS, JUDITH</b> <b>7610 ST RD 557</b> <b>POLK CITY FL 33868</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SULLIVAN, EARLI</b> <b>17295 POYNER RD</b> <b>POLK CITY FL 33868</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Kitchens, Judith</b> <b>7610 St. Rd 557</b> <b>Lake Alfred, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Beary, Dana</b> <b>9310 Evans Rd</b> <b>Polk City, FL 33868</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Dawson, Brenda D.</b> <b>1942 Oak Bend Rd</b> <b>Polk City, FL 33868</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Carol Davis** **Carol Davis** **965-6338**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #