## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 05, 2001 8:00 am <sup>5</sup> Secretary of State **DOCUMENT # 734385** 1. Entity Name POLK CITY LITTLE LEAGUE, INC. 03-05-2001 90314 033 \*\*\*\*61.25 Mailing Address Principal Place of Business DUEY RD PO BOX 177 PO BOX 177 POLK CITY FL 33868 POLK CITY FL 33868 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1838759 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DAVIS, CAROL -211 HAMOLIA AVE -POLICOTY FL 33868 334 68 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be 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. PRESIDENT ELIZABETH E JONES Change **D**elete ☐ Addition TITLE TITLE 2700 Common wealth Ave NAME DAVIS, CAROL NAME STREET ADDRESS STREET ADDRESS 211 HAMOLIA AVE CITY-ST-ZIP CITY-ST-ZIP POLK CITY FL 33868 PACTICEN F Corbett, JR Delete Change ☐ Addition TITLE TITLE 4852 COUNTRY TRAILS NAME NAME BRACEY, JAMES STREET ADDRESS STREET ADDRESS 224 LAKESHORE DR CITY-ST-ZIP CITY-ST-ZIP POLK CITY FL 33868 **Change** ☐ Addition Delete TITLE TITLE ILENE BRACEY 224 LAKESHORE DR. NAME NAME KITCHENS, JUDITH STREET ADDRESS STREET ADDRESS 7610 ST RD 557 POLK CITY FL 33868 CITY-ST-ZIP CITY-ST-ZIP LAKE ALFRED FL Delete TITLE Lenange ☐ Addition TITL F Treasurer NAME WILLIAMS, NANCY NAME DANA BLOURI 9310 EUANS STREET AODRESS STREET ADDRESS 9489 EVANS RD CITY-ST-ZIP CITY-ST-ZIP POLK CITY FL 33868 TITLE Change ☐ Addition TITLE ommonwealth Avo NAME BEARRY, DANA NAME STREET ADDRESS STREET ADDRESS 9310 EVANS RD CITY-ST-ZIP CITY-ST-7IP POLK CITY FL 33868 Change ☐ Addition TITLE Delete NAME DAWSON, BRENDA D NAME STREET ADDRESS STREET ADDRESS 6942 OAK BEND RD CITY-ST-ZIP 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 attach nent with an address, with all other like empowe 3

POLK CITY FL 33868