

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-05-2002 90060 015 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734385

1. Entity Name

POLK CITY LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

DUEY RD
 PO BOX 177
 POLK CITY FL 33868
 US

DUEY RD
 PO BOX 177
 POLK CITY FL 33868

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1838759

Applied For

Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

JONES, ELIZABETH E
17700 COMMONWEALTH AVE
POLK CITY FL 33868

7. Name and Address of New Registered Agent

Name: **DAVIS, Carol**
 Street Address (P.O. Box Number is Not Acceptable):
211 Hamalia Ave
 City: **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

5/24/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

FILE NOW: FEE IS \$61.25

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	P	JONES, ELIZABETH E	<input checked="" type="checkbox"/> Delete
NAME		17700 COMMONWEALTH AVE	
STREET ADDRESS		POLK CITY FL 33868	
CITY-ST-ZIP			
TITLE	VD	CORBETT, PATRICK F JR	<input checked="" type="checkbox"/> Delete
NAME		4852 CNTRY TRLS DR	
STREET ADDRESS		POLK CITY, FL 33868	
CITY-ST-ZIP			
TITLE	S	BRACEY, ILENE	<input checked="" type="checkbox"/> Delete
NAME		224 LAKESHORE DR	
STREET ADDRESS		POLK CITY FL 33868	
CITY-ST-ZIP			
TITLE	T	BEARRY, DANA	<input checked="" type="checkbox"/> Delete
NAME		9310 EVANS RD	
STREET ADDRESS		POLK CITY FL 33868	
CITY-ST-ZIP			
TITLE	D	BAKER, GLENN E	<input checked="" type="checkbox"/> Delete
NAME		17700 COMMONWEALTH AVE	
STREET ADDRESS		POLK CITY FL 33868	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	P	DAVIS, Carol	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		211 Hamalia Ave	Director
STREET ADDRESS		POLK CITY FL 33868	
CITY-ST-ZIP			
TITLE	VP	Donderson, Mark	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9105 Samaritan Avenue	Director
STREET ADDRESS		POLK CITY, FL 33868	
CITY-ST-ZIP			
TITLE	S	Katrina Taylor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		305 Orange Blvd.	Director
STREET ADDRESS		POLK CITY, FL 33868	
CITY-ST-ZIP			
TITLE		Melissa Gunderson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9105 Samaritan Avenue	Trustee
STREET ADDRESS		POLK CITY FL 33868	
CITY-ST-ZIP			
TITLE		Safety Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Earl Taylor	Trustee
STREET ADDRESS		305 Orange Blvd	
CITY-ST-ZIP		POLK CITY FL 33868	
TITLE		Player Agent	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Michelle Bailey	Trustee
STREET ADDRESS		9520 Fussell Rd	
CITY-ST-ZIP		POLK CITY FL 33868	

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

3/18/02

984-0938

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/01)