

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90604 029 \*\*\*\*61.25

**DOCUMENT # 734385**

1. Entity Name

**POLK CITY LITTLE LEAGUE, INC.**



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**

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

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, CAROL  
211 HAMOLIA AVE  
POLK CITY FL 33868**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, CAROL</b>	
STREET ADDRESS	<b>211 HAMOLIA AVE</b>	
CITY-ST-ZIP	<b>POLK CITY FL 33868</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>PONDERSON, MARK</b>	
STREET ADDRESS	<b>9105 SAMARITAN AVENUE</b>	
CITY-ST-ZIP	<b>POLK CITY FL 33868</b>	
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>TAYLOR, KATRINA</del>	
STREET ADDRESS	<del>305 ORANGE BLVD</del>	
CITY-ST-ZIP	<del>POLK CITY FL 33868</del>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GUNDERSON, MELISSA</b>	
STREET ADDRESS	<b>9105 SAMARITAN AVENUE</b>	
CITY-ST-ZIP	<b>POLK CITY FL 33868</b>	
TITLE	<del>SOT</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>TAYLOR, EARL</del>	
STREET ADDRESS	<del>305 ORANGE BLVD</del>	
CITY-ST-ZIP	<del>POLK CITY FL 33868</del>	
TITLE	<del>PAT</del>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAILEY, MICHELLE</b>	
STREET ADDRESS	<b>2520 FUSSELL RD</b>	
CITY-ST-ZIP	<b>POLK CITY FL 33868</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gunderson, Marc</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kathy Hammerstone</b>	
STREET ADDRESS	<b>237 Waterview Dr.</b>	
CITY-ST-ZIP	<b>POLK City, FL 33868</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAT Dana Bearry</b>	
STREET ADDRESS	<b>9310 Evans Rd.</b>	
CITY-ST-ZIP	<b>POLK City, FL 33868</b>	

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: CO-SIGNATURE REQUIRED

1/19/03 984-0938

CR2E037 (10/02)