

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734386

1. Entity Name

GOLDENROD LITTLE LEAGUE, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90064 049 \*\*\*\*61.25

Principal Place of Business

2000 N. FORSYTH RD.  
ORLANDO FL 32807  
US

Mailing Address

P.O. BOX 1133  
GOLDENROD FL 32733-1133  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1641731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMKIN, RONNIE W  
8532 WEEPING WILLOW WAY  
ORLANDO FL 32817

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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LAMKIN, RONNIE W  
STREET ADDRESS 8532 WEEPING WILLOW WAY  
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD  
NAME HARRIS, JIM  
STREET ADDRESS 3800 ROUSE RD.  
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME SHIELDS, ROBIN  
STREET ADDRESS 7524 AZUREBROOK CT.  
CITY-ST-ZIP WINTER PARK FL 32792 ☒ Delete

TITLE SD  
NAME EBERHARDT, ROSE  
STREET ADDRESS ~~2000 N. FORSYTH RD.~~ P.O. Box 1133  
CITY-ST-ZIP ~~ORLANDO FL 32807~~ GOLDENROD FL 32733-1133 ☒ Change ☒ Addition

TITLE TD  
NAME BARNETT, STEVE  
STREET ADDRESS 8541 SIDON STREET  
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/00 (417)

Date

Daytime Phone #