

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90014 048 ****70.00

DOCUMENT # 734386

1. Entity Name

GOLDENROD LITTLE LEAGUE, INC.

Principal Place of Business

2000 N. FORSYTH RD.
ORLANDO FL 32807
US

Mailing Address

P.O. BOX 1133
GOLDENROD FL 32733
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

Zip

Country

Zip

Country

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

Tom Adams

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

3833 Pickwick Drive

City

Orlando

FL

Zip Code

32817

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]

Tom Adams President

1/13/02

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	<input checked="" type="checkbox"/> Delete
NAME	LAMKIN, RONNIE W	
STREET ADDRESS	8532 WEEPING WILLOW WAY	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, JIM	
STREET ADDRESS	3800 ROUSE RD.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	EBERHARDT, ROSE	
STREET ADDRESS	P O BOX 1133	
CITY-ST-ZIP	GOLDENROD FL 32733	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, TERESA	
STREET ADDRESS	38633 PICKWICK DRIVE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Adams	
STREET ADDRESS	3833 Pickwick Drive	
CITY-ST-ZIP	Orlando, FL 32817	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Lewis	
STREET ADDRESS	8048 Rhea Circle	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brooke Anderson	
STREET ADDRESS	8726 Harbor View Drive	
CITY-ST-ZIP	Orlando, FL 32817	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jodi Conway	
STREET ADDRESS	2726 Middle Street	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

1/13/02

407-679-2165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)