

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90108 037 ****61.25

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

Zip

Country

Zip

Country

4. FEI Number **59-1641731**

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

**ADAMS, TOM
3833 PICKWICK DRIVE
ORLANDO FL 32817**

7. Name and Address of New Registered Agent

Name

Bertrand C Holloway

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

432 Banyon Tree Cir Apt 5A

City

Maitland

FL

Zip Code

32751

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

Bert C

Bert Holloway - Pres. 3-31-03

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

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | ADAMS, TOM | |
| STREET ADDRESS | 3833 PICKWICK DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32817 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | LEWIS, MICHELLE | |
| STREET ADDRESS | 8048 RHEA CIRCLE | |
| CITY-ST-ZIP | ORLANDO FL 32807 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | AMERSON, BROOKE | |
| STREET ADDRESS | 8726 HARBOR VIEW DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32817 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | CONWAY, JODI | |
| STREET ADDRESS | 2726 MIDDLE STREET | |
| CITY-ST-ZIP | ORLANDO FL 32807 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bertrand C Holloway | |
| STREET ADDRESS | 432 Banyon Tree Cir Apt 5A | |
| CITY-ST-ZIP | Maitland, FL 32751 | |
| TITLE | Mark Monroe | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4817-D N. Goldenrod Rd | |
| STREET ADDRESS | Winter Park, FL 32792 | |
| CITY-ST-ZIP | | |
| TITLE | Teresa Hood | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2104 Eastbrook Blvd | |
| STREET ADDRESS | Winter Park, FL 32792 | |
| CITY-ST-ZIP | | |
| 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 REQUIRED

3-1-03 (407) 273-1040

CR2E037 (10/02)