

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734486

1. Entity Name

GLADES COUNTY LITTLE LEAGUE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90212 012 ****61.25

Principal Place of Business

Mailing Address

C/O IDA STRENGTH
9600 OAK TREE LANE
MOORE HAVEN FL 33471
US

9600 OAK TREE LANE
MOORE HAVEN FL 33471-7902
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

59-2821895

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

STRENGTH, IDA
9600 OAK TREE LANE
MOORE HAVEN FL 33471

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 ☐ Delete
NAME NAVARRO, CARMELO
STREET ADDRESS 7730 COFFEE RD
CITY-ST-ZIP MOORE HAVEN FL 33471

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

TITLE VPD ☐ Delete
NAME TAYLOR, NORMAN
STREET ADDRESS HWY 27
CITY-ST-ZIP MOORE HAVEN FL 33471

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

TITLE SD ☐ Delete
NAME STRENGTH, IDA
STREET ADDRESS 9608 OAK TREE LANE
CITY-ST-ZIP MOORE HAVEN FL 33471

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

TITLE TD ☐ Delete
NAME SIMMON, KAREN
STREET ADDRESS 1015 BAKERS HWY
CITY-ST-ZIP MOORE HAVEN FL 33471

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Ida Strenth 3/21/00 (863)946-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)