2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 737529 Feb 23, 2000 8:00 am 1. Entity Name **Secretary of State** ORANGE CITY LITTLE LEAGUE, INC. 02-23-2000 90007 003 ****61.25 Mailing Address Principal Place of Business P.O. BOX 740365 1361 W. FRENCH AVENUE ORANGE CITY FL 32763 ORANGE CITY FL 32774-0365 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1743592 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEFICS, GREGORY W 165 S. OAK AVE. ... ORANGE CITY FL 32763 Zip Code City TOPPE STREET 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) چېږى بىلى چېچېچېچې مۇرى دارى دافى 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD TITLE ☐ Change ☐ Addition TITLE Delete JONES, WILLIAM M NAME NAME STREET ADDRESS 470 BUFORD AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE CITY FL 32763** Change ☐ Addition Delete TITLE VD. TITLE: 404NG ROBERT NAME BYRSON, BECKY YZZ W. DIXSON ST STREET ADDRESS STREET ADDRESS 2101 ALMOND ST CITY-ST-ZIP CITY-ST-ZIP **ORANGE CITY FL 32763** Delete ■ Addition TITLE TITLE NAME NEIGHBOURS, DENISE NAME STREET ADDRESS STREET ADDRESS 1090 MONTROSE AVE CITY-ST-ZIP CITY-ST-7IP **ORANGE CITY FL 32763** Change Change SEC__ ☐ Addition TITLE Delete DEBBIE-KUFNER-PRONOVOST, GINA NAME NAME 1280 W. Blue Spgs Que STREET ADDRESS STREET ADDRESS 465 LANCASTER AVENUE CITY-ST-ZIP CITY-SY-ZIP **ORANGE CITY FL 32763** ☐ Change ☐ Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME NAME STREET.ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-7IP 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 \$17, 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 or

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