

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739127

1. Entity Name

LUTZ LITTLE LEAGUE, INC.

FILED

Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90027 032 ****61.25

00774

Principal Place of Business

Mailing Address

FERN RD & CROOKED LN CORNER OF LUTZ LK
770 LUTZ LK FERN RD
LUTZ FL 33549
US

FERN RD & CROOKED LN CORNER OF LUTZ LK
P.O. BOX 63
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1770812

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

PORCHE, MARK
17524 WILLOW POND DRIVE
LUTZ FL 33549

Name

Molly Scheerhorn

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

512 Crystal Grove
Lutz FL 33548

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

Molly Scheerhorn

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 NAME	P/D PORCHE, MARK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	17524 WILLOW POND DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE NAME	VP/D CARNES, MARK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1307 JEN MA JO LN	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE NAME	P OLSEN, JEAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1404 POPE PL	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE NAME	T/D OVERBACK, TERESA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	19114 TRACY CT.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	P/D Molly Scheerhorn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	512 Crystal Grove	
CITY-ST-ZIP	Lutz FL 33548	
TITLE NAME	VP/D John Wilhide	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	19259 Marden Blush Dr	
CITY-ST-ZIP	Lutz FL 33558	
TITLE NAME	VP/D Rick Shears	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	18804 15th St	
CITY-ST-ZIP	Lutz FL 33549	
TITLE NAME	VP/D Ralph Argen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	17111 Crystal Cove Pl	
CITY-ST-ZIP	Lutz FL 33548	
TITLE NAME	T/D James Dugger	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	17910 Singing Wood Pl	
CITY-ST-ZIP	Lutz FL 33548	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Molly Scheerhorn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02 (013-949-5336)

Date

Daytime Phone #

CR2E037 (9/01)