

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741808

1. Entity Name

MOUNT DORA LITTLE LEAGUE, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90116 027 ****61.25

Principal Place of Business

Mailing Address

UNSER & LINCOLN AVE.
MT. DORA FL 32757

P.O. BOX 1412
MOUNT DORA FL 32756-1412

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2531850

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

SCHMIDT, WILLIAM F
2160 PARK FOREST BLVD.
MOUNT DORA FL 32757

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 SHEETS, DAVID K
STREET ADDRESS 2160 PARK FOREST BLVD
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE President ☒ Change ☐ Addition
NAME Mike Sheppard
STREET ADDRESS 1735 Cherry Ln.
CITY-ST-ZIP Mount Dora, FL 32757

TITLE VPD ☐ Delete
NAME DIEPANISIS, GRIMM
STREET ADDRESS 529 E 7TH ST
CITY-ST-ZIP MOUNT DORA FL

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

TITLE DT ☐ Delete
NAME MELI, FRAN
STREET ADDRESS 2013 SUZANNE DR.
CITY-ST-ZIP MOUNT DORA FL

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
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TITLE ☐ Delete
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

Date

352-383-5612

Daytime Phone #

CR2E037 (9/99)