

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741808

1. Entity Name

MOUNT DORA LITTLE LEAGUE, INC.

FILED

Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90108 044 ****61.25

Principal Place of Business

Mailing Address

UNSER & LINCOLN AVE.
MT. DORA FL 32757

P.O. BOX 1412
MOUNT DORA FL 32757

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	<input checked="" type="checkbox"/> Delete
NAME	SHEPPARD, MIKE	
STREET ADDRESS	1735 CHERRY LN	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DIEPANISIS, GRIMM	
STREET ADDRESS	529 E 7TH ST	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MELI, FRAN	
STREET ADDRESS	2013 SUZANNE DR.	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott, Jerome	
STREET ADDRESS	1250 Grant Ave	
CITY-ST-ZIP	Mt. Dora, FL 32757	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schmidt, William F	
STREET ADDRESS	2160 Park Forest Blvd.	
CITY-ST-ZIP	Mt. Dora, FL 32752	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leiffer, Mary	
STREET ADDRESS	3201 Windy Oak St	
CITY-ST-ZIP	Sorrento, FL 32776	
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		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-02 358 656-5444

CR2E037 (9/01)