

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750136

1. Entity Name

BUCKINGHAM LITTLE LEAGUE, INC.

Principal Place of Business

9800 BUCKINGHAM RD
FT MYERS FL 33905
US

Mailing Address

PO BOX 51475
FT MYERS FL 33994-1475
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

59-2018950

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

HOPPLE, DAVID
10871 IRISH LANE
FT. MYERS FL 33905

Name

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

City

FL

Zip Code

8. The above named entity admits 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
NAME HOPPLE, DAVID E
STREET ADDRESS 10871 IRISH LANE
CITY-ST-ZIP FT MYERS FL 33905 ☐ Delete

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

TITLE VPD
NAME BAUCOM, DONALD
STREET ADDRESS 3791 KAUNE BAUCOM RD
CITY-ST-ZIP FORT MYERS FL 33905 ☒ Delete

TITLE VPD
NAME ROBERT HENSHAW
STREET ADDRESS 2250 HAVANA AVE SE
CITY-ST-ZIP FORT MYERS FL 33905 ☒ Change ☐ Addition

TITLE TD
NAME HENSHAW, BEVERLY
STREET ADDRESS 2250 HAVANA AVE SE
CITY-ST-ZIP FT MYERS FL 33905 ☐ Delete

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

TITLE SD
NAME SMITH, NITA
STREET ADDRESS 466 MISSISSIPPI AVE
CITY-ST-ZIP FT MYERS FL 33905 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

03/27/00

(941) 694-0029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90065 043 ****61.25

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DO NOT WRITE IN THIS SPACE