FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State **DOCUMENT # 750136** 1. Entity Name BUCKINGHAM LITTLE LEAGUE, INC. -11-2002 90705 038 ****61 25 Principal Place of Business Mailing Address 9800 BUCKINGHAM RD PO BOX 51475 FT MYERS FL 33994-1475 FT MYERS FL 33905 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 59-2018950 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HOPPLE, DAVID 10871 IRISH LANE FT. MYERS FL 33905 Zip Code City 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** agent and title if applicable Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01)TITLE TITLE ☐ Change ☐ Addition ☐ Delete HOPPLE, DAVID E NAME NAME STREET ADDRESS 10871 IRISH LANE STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33905 CITY-ST-ZIP **VPD** Andrew Miller 11144 Lakeland Cir. **X**Addition Delete TITLE ☐ Change TITLE BARKER, FRED NAME NAME 10361 ANGUS LANE STREET ADDRESS STREET ADDRESS Ft Myers, FL 33913 CITY-ST-ZIP FORT MYERS FL 33905 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE Peters, Vicki De borah NAME NAME 1405 LEROY AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33972 CITY-ST-ZIP ☐ Change **Addition** TITLE Delete TITLE PHILLIPS, PENNY NAME NAME 14301 BIGELOW RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT MYERS FL 33905 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

AME OF SIGNING OFFICER OR DIRECTOR