

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751636

1. Entity Name

EAST POINT LITTLE LEAGUE OF MANGO, INC.

Principal Place of Business

P.O. BOX 127
MANGO FL 33550

Mailing Address

P.O. BOX 127
MANGO FL 33550-0127

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

52-1225450

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

FARRAR, DENNIS
1310 RUSTLEWOOD DR
BRANDON FL 33510

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 SUGGS, MARY
STREET ADDRESS 1810 S LENNA ST
CITY-ST-ZIP SEFFNER FL 33510

TITLE PD ☒ Change ☐ Addition
NAME Phyllis AVERY
STREET ADDRESS P.O. BOX 132
CITY-ST-ZIP MANGO, FL. 33550

TITLE VD ☒ Delete
NAME NUNES, PAUL
STREET ADDRESS 1617 DOGWOOD LN
CITY-ST-ZIP BRANDON FL

TITLE VD ☒ Change ☐ Addition
NAME STACEY SPANO
STREET ADDRESS P.O. BOX 6701
CITY-ST-ZIP SEFFNER, FL. 33583

TITLE TD ☐ Delete
NAME FARRAR, DENNIS
STREET ADDRESS 1310 RUSTLEWOOD DR
CITY-ST-ZIP BRANDON FL 33510

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
NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 DENNIS FARRAR

5/4/00 (813) 272-2565

Date Daytime Phone #

CR2E037 (9/99)