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## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

## Apr 30, 2003 8:00 am § Secretary of State DOCUMENT # 752457 04-30-2003 90129 014 \*\*\*\*61.25 OAKLAND PARK LITTLE LEAGUE BASEBALL, INC. Principal Place of Business Mailing Address 1729 N.W. 36 COURT 1729 N.W. 36 COURT OAKLAND PARK FL 33309 **QAKLAND PARK FL 33309** rincipal Place of Business 3. Mailing Address Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-2439817 Applied For Not Applicable 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. COURY, PATRICIA E Street Address (P.O. Box Number is Not Acceptable) 1729 N.W. 36 COURT OAKLAND PARK FL 33309 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE TITLE ☐ Change ☐ Addition Delete ANGELOS, CY NAME NAME STREET ADDRESS **220 NE 40 STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33334 Change TITLE ☐ Delete TITLE ☐ Addition Tony Grover 1061 NE 23 Torroce #5 -Pompano Beach, FL 3 NAME HEONARD: CHARLIE-NAME STREET ADDRESS 4155 N.W. 12TH TERRACE STREET ADDRESS CITY-ST-ZIP FT\_LAUDERDALE-FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition MARTIN, DEBRA NAME NAME 4517 N.E. 3RD TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33334 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition COURY, PATRICIA NAME NAME STREET ADDRESS 1729 NW 36 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33309 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition □ Delete 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 of truspe empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if