

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752780

1. Entity Name

KISSIMMEE LITTLE LEAGUE, INC.

Principal Place of Business

POST OFFICE BOX 420898
KISSIMMEE FL 34742-0898

Mailing Address

POST OFFICE BOX 420898
KISSIMMEE FL 34742-0898

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

59-2007033

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

KENNEDY, LARRY
2233 ACREE LANE
KISSIMMEE FL 34744

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
NAME HUBBARD, CHRISTIE
STREET ADDRESS 1124 CALEE MARIE DR
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Delete

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

TITLE T
NAME KENNEDY, LARRY
STREET ADDRESS 2233 ACREE LN
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

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

TITLE S
NAME HAGGARD, RADINA
STREET ADDRESS 1513 CRESTRIDGE DR
CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete

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

TITLE DV
NAME PERRAULT, DEBBIE
STREET ADDRESS 2502 CECILE ST
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Delete

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

TITLE D
NAME BOWERS, MICHELLE
STREET ADDRESS 2356 VALLEY AVE
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

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

TITLE D
NAME ESER, LISA
STREET ADDRESS 611 LAVON AVE
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Delete

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:

Cristie Hubbard 1/9/02 407-870-7480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)