2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the re

SIGNATURE:

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YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # 756674** 1. Entity Name ROLLING HILLS LITTLE LEAGUE, INC. 01-19-2000 90263 021 ****61.25 Principal Place of Business Mailing Address P.O. BOX 680309 P.O. BOX 680309 ORLANDO FL 32868-0309 ORLANDO FL 32868-0309 UVWUUU 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3215199 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WALLAM EADLEY Street Address (F P.O. Box Numb GORODNICK, COLETTE 4560 HERITAGE OAK DR ORLANDO FL 32808 City Zip Code 32808 ORLANDO 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 (NOTE: Registered Agent signature required when reinstating) apolicable Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change TITLE 🗹 Delete NAME NAME GORODNICK, COLETTE STREET ADDRESS STREET ADDRESS 4560 HERITAGE OAK DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 TITLE Change Change Addition ☐ Delete TITLE DAVIS, MARK NAME NAME DAVID, MARK 1809 BARKER STREET ADDRESS STREET ADDRESS 1809 BARKER 32*789* CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL Addition Delete TITLE TITLE SD NAME CAPERS, DEBBIE NAME STREET ADDRESS STREET ADDRESS 1809 BARKER CITY-ST-ZIF CITY-ST-ZIP WINTER PARK FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE HEADLEY, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 6136 FOX HUNT TERR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 Change ☐ Addition TITLE DSA ☐ Delete TITLE NAME NAME FRITZ. MARK STREET ADDRESS STREET ADDRESS 5812 INDIAN HILL RD CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32808 Oelete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at its 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 mpowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filing a indicated on this report or supplymental report is true and a

Date

Daytime Phone #