

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 28, 2002 8:00 am
Secretary of State

02-14-2002 90016 019 ****70.00

DOCUMENT # 756674

1. Entity Name

ROLLING HILLS LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

4950 N PINE HILLS RD
 ORLANDO FL 32808

P.O. BOX 680309
 ORLANDO FL 32868-0309

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

59-3215199

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

ROLLE, LAURIE
 7433 WINDSOME CT
 ORLANDO FL 32810

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

| | | |
|----------------|------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | DAVID, MARK | |
| STREET ADDRESS | 1809 BARKER | |
| CITY-ST-ZIP | WINTER PARK FL | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | CAPERS, DEBBIE | |
| STREET ADDRESS | 1809 BARKER | |
| CITY-ST-ZIP | WINTER PARK FL | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | TUFTS, JEWELL | |
| STREET ADDRESS | 4730 CARMEL ST | |
| CITY-ST-ZIP | ORLANDO FL 32808 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | ROLLE, LAURIE | Director |
| STREET ADDRESS | 7433 WINDSOME CT | |
| CITY-ST-ZIP | ORLANDO FL 32810 | |
| TITLE | DSA | <input checked="" type="checkbox"/> Delete |
| NAME | STEWART, MIKE | |
| STREET ADDRESS | 5127 POM DR | |
| CITY-ST-ZIP | ORLANDO FL 32808 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | |
|----------------|--------------------|----------|--|
| TITLE | President | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | David Crawford | | |
| STREET ADDRESS | 6514 Abbeydale Dr. | | |
| CITY-ST-ZIP | Orlando FL 32810 | | |
| TITLE | Secretary | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lori Crawford | | |
| STREET ADDRESS | 6514 Abbeydale Dr. | | |
| CITY-ST-ZIP | Orlando FL 32810 | | |
| TITLE | Player Agent | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jewell Tufts | | |
| STREET ADDRESS | 15840 SR 50 #214 | | |
| CITY-ST-ZIP | Clermont, FL 34711 | delete | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | Vice President | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Ranay Lorell, Ke | | |
| STREET ADDRESS | 2945 Silver Ridge | | |
| CITY-ST-ZIP | Orlando, FL 32818 | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 (407) 294-8533

Date

Daytime Phone #

CR2E037 (9/01)