## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Jan 27, 2000 8:00 am Secretary of State **DOCUMENT # 757493** 1. Entity Name EUSTIS LITTLE LEAGUE, INC. 01-27-2000 90029 001 \*\*\*\*61.25 Mailing Address Principal Place of Business **GOLFLINKS AND KURT STREET** GOLFLINKS AND KURT STREET P.O. BOX 1100 P.O. BOX 1100 EUSTIS FL 32727-1100 EUSTIS FL 32727-8100 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 59-2114379 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent L. Weiss -David. Street Address (P.O. Box Number is Not Acceptable) WEISS, DAVID L 3700 PROGRESS BLVD **MOUNT DORA FL 32757** Zip Code Eustis るんフレん 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME RAY, TERRY STREET ADDRESS 34751 CATTAIL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Eustis Fl 327<u>26</u> ☐ Change ☐ Addition ☐ Delete TITLE vpd TITLE tomlinson, Harry NAME NAME STREET ADDRESS STREET ADDRESS 36956 LAKE YABE DR CITY-ST-7IP CITY-ST-ZIP GRAND ISLAND FL 32726 President Change Addition . \_ Delete -TITLE TITLE CLEMENTS, KATHY NAME NAME STREET ADDRESS STREET ADDRESS 142 TIMBER LN CITY-ST-ZIP Eustis FL 32726 ☐ Addition ☐ Change ☐ Delete TITLE TD TITLE weiss, david l NAME STREET ADDRESS STREET ADDRESS 3700 PROGRESS BLVD CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA FL 32757 Addition ☐ Delete Change TITLE Morrison Karen NAME 19833 Salfidade Rd STREET ADDRESS STREET ADDRESS umofilla. FL 32784 CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 Date Daylime Phone #