

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90321 026 ****61.25

DOCUMENT # 757493

1. Entity Name

EUSTIS LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

**GOLFLINKS AND KURT STREET
 P.O. BOX 1100
 EUSTIS FL 32727-8100**

**GOLFLINKS AND KURT STREET
 P.O. BOX 1100
 EUSTIS FL 32727-8100**

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

59-2114379

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEISS, DAVID L
 2310 S. BAY ST.
 EUSTIS FL 32726**

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 Delete
 NAME **VPD**
 STREET ADDRESS **TOMLINSON, HARRY**
 CITY-ST-ZIP **36956 LAKE YABE DR
 GRAND ISLAND FL 32726**

TITLE Change Addition
 NAME
 STREET ADDRESS **36956 Lake Yale Dr.**
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
 STREET ADDRESS **CLEMENTS, KATHY**
 CITY-ST-ZIP **142 TIMBER LN
 EUSTIS FL 32726**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
 STREET ADDRESS **WEISS, DAVID L**
 CITY-ST-ZIP **3700 PROGRESS BLVD
 MOUNT DORA FL 32757**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **MORRISON, KAREN**
 CITY-ST-ZIP **19833 SALTEDALE RD.
 UMATILLA FL 32784**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **SD**
 STREET ADDRESS **Sherrie Douglas**
 CITY-ST-ZIP **36135 Apiary Rd.
 Grand Island, FL 32735**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. WEISS

1-21-01

Date

352-483-1100

Daytime Phone #

CR2E037 (10/00)