

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90085 003 \*\*\*\*61.25

**DOCUMENT # 757752**

1. Entity Name

**CORAL SPRINGS NATIONAL LITTLE LEAGUE, INC.**

Principal Place of Business

Mailing Address

**8393 NW 5TH STREET  
 CORAL SPRINGS FL 33071**

**8393 NW 5TH STREET  
 CORAL SPRINGS FL 33071**

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

**59-2196306**

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

**CONKLIN, SUSAN  
 8393 NW 5TH STREET  
 CORAL SPRINGS FL 33071**

Name

**N/A**

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 *Susan A. Conklin*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-11-02**

**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 **VPD** ☒ Delete  
 NAME **JORDAN, GARY**  
 STREET ADDRESS **8437 FOREST HILLS DRIVE**  
 CITY-ST-ZIP **POMPANO BEACH FL 33065**

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **Joseph Russo**  
 STREET ADDRESS **5570-A LAKEWOOD CIRCLE**  
 CITY-ST-ZIP **MARGATE, FL. 33063**

TITLE **TD** ☒ Delete  
 NAME **BROWN, KATHY**  
 STREET ADDRESS **10948 NW 41ST DR**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **JANET COOY**  
 STREET ADDRESS **4230 CORAL SPRINGS DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS, FL. 33065**

TITLE **SD** ☒ Delete  
 NAME **JORDAN, GINGER**  
 STREET ADDRESS **8437 FOREST HILLS DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **SD** ☐ Change ☐ Addition  
 NAME **DEBBIE FRENCH**  
 STREET ADDRESS **8855 RAMBLEWOOD DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS FL. 33071**

TITLE **PD** ☐ Delete  
 NAME **CONKLIN, SUSAN**  
 STREET ADDRESS **8393 N.W. 5TH ST.**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

*Susan A. Conklin*

**1-11-02 954-345-8700**

CR2E037 (9/01)