

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90167 001 *****8.75
04-08-2002 90167 002 *****61.25

DOCUMENT # 757768

1. Entity Name

THE PINE HILLS LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 580131~~
7300 LAURELL HILL RD
ORLANDO FL 32818
US

P.O. BOX 580131
ORLANDO FL 32858
US

2. Principal Place of Business

7300 Laurel Hill Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Zip

Country

32818

US

4. FEI Number

59-1009699

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PECORELLA, MICHELLE P
301 N HART BLVD
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name Patricia Saunders

Street Address (P.O. Box Number is Not Acceptable)

1291 Shelter Rock Road

City Orlando

FL

Zip Code 32835

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

Patricia Saunders Treasurer

1/26/02

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	PECORELLA, MICHELLE	
STREET ADDRESS	301 N HART BLVD	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRAPHMAN, RAY	
STREET ADDRESS	1911 BEECHER STREET	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HALL, CATE	
STREET ADDRESS	8126 OLD GROVE DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SAUNDERS, PATTI	
STREET ADDRESS	1291 SHELTER ROCK ROAD	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	YPP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rushing Roy	
STREET ADDRESS	5621 Castle Oak Ct.	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Saunders, Patti	
STREET ADDRESS	1291 Shelter Rock Road	
CITY-ST-ZIP	Orlando, Florida 32835	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brinson, Trey	
STREET ADDRESS	136 Cranfield Court	
CITY-ST-ZIP	Orlando, Florida 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Patricia Saunders

3/24/02 (407) 298-6515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)