2001 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2001 8:00 am § Secretary of State DOCUMENT # 765579 1. Entity Name 04-13-2001 90041 023 ****61.25 ANTIOCH LITTLE LEAGUE, INC. Mailing Address Principal Place of Business P.O. BOX 683 8510 FRANKLIN RD THONOTOSASSA FL 33592 PLANT CITY FL 33566 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 52-1349813 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>Joan Bednar</u> Street Address (P.O. Box Number is Not Acceptable) DINA, MICKEY 10606 BAY HILLS CIRCLE <u>6302 Dormany Road West</u> THONOTOSASSA FL 33592 City Zip Code Plant City 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. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition PD **Change** TITLE Delete TITLE NAME Joan Bednar DINA. MICKEY NAME STREET ADDRESS 6302 Dormany Road West 10606 BAY HILLS CIRCLE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF THONOTOSASSA FL 33592 Plant City, Florida 33565 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME RICHARDSON, BILLY STREET ADDRESS STREET ADDRESS 5706 MILEY RD CITY, ST-ZIP CITY_ST-ZIP PLANT-CITY FL-33565: Addition ☐ Change TITLE TITLE Delete NAME NAME BEDNAR, JOAN Carrie Richardson STREET ADDRESS 5706 Miley Road STREET ADDRESS 6302 DORMANY RD. WEST CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33565 <u>Plant City, Florida 33565</u> Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME PROCTOR, SUSAN STREET ADDRESS STREET ADDRESS 7105 KINARD RD CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33565 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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