

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90209 043 ****70.00

DOCUMENT # 765579

1. Entity Name
ANTIOCH LITTLE LEAGUE, INC.



Principal Place of Business
**8510 FRANKLIN RD
PLANT CITY FL 33566
US**

Mailing Address
**P.O. BOX 683
THONOTOSASSA FL 33592
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **52-1349813**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEDNAR, JOAN
6302 DORMANY ROAD WEST
PLANT CITY FL 33565**

Name **Cathy Best**
Street Address (P.O. Box Number is Not Acceptable) **1618 W. Knights Griffin Rd**
City **Plant City** FL **33565**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Cathy Best** Treasurer DATE **1-10-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD BEDNAR, JOAN	<input type="checkbox"/> Delete	TITLE NAME PD Tony Proctor	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6302 DORMANY ROAD WEST PLANT CITY FL 33565		STREET ADDRESS 7105 Kinard Rd Plant City, FL 33565	
TITLE NAME VD RICHARDSON, BILLY	<input checked="" type="checkbox"/> Delete	TITLE NAME VD Joan Bednar	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5706 MILEY RD PLANT CITY FL 33565		STREET ADDRESS 6302 Dormany Rd W Plant City, FL 33565	
TITLE NAME TD RICHARDSON, CARRIE	<input checked="" type="checkbox"/> Delete	TITLE NAME TD Cathy Best	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5706 MILEY ROAD PLANT CITY FL 33565		STREET ADDRESS 1618 W. Knights Griffin Rd. Plant City, FL 33565	
TITLE NAME D PROCTOR, SUSAN	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7105 KINARD RD PLANT CITY FL 33565		STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	

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]** DATE **1-10-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CP2E037 (10/02)