

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # N00000001181****1. Entity Name**
MILL CREEK ORANGEDALE LITTLE LEAGUE, INC.

Principal Place of Business 5163 FARM CREEK ROAD ST. AUGUSTINE FL 32092	Mailing Address 5163 FARM CREEK ROAD ST. AUGUSTINE FL 32092
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 860332 Suite, Apt. #, etc.
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City & State ST. AUGUSTINE FL	City & State ST. AUGUSTINE FL
Zip 32092	Country FL

4. FEI Number	<input type="checkbox"/> Applied For
	<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent POLLY DAVID 5163 FARM CREEK ROAD ST. AUGUSTINE FL 32092	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstalling)	04/19/2001 DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DAVID POLLY PD 04/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)