

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000002120

FILED
May 02, 2002 8:00 AM
Secretary of State

Entity Name: ANTHONY LITTLE LEAGUE, INC.

Current Principal Place of Business:

2140 NE 95TH STREET
ANTHONY, FL 32617 US

New Principal Place of Business:

2150 NE 95TH STREET
ANTHONY, FL 32617 US

Current Mailing Address:

P.O. BOX 134
ANTHONY, FL 326170134 US

New Mailing Address:

FEI Number: 59-2879421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARROW, MICHAEL C PRES
2598 NE 07TH ST RD/PO BOX 974
ANTHONY, FL 326170974 US

Name and Address of New Registered Agent:

BARROW, MICHAEL C PRES
2598 NE 97TH ST RD/PO BOX 974
ANTHONY, FL 326170974 US

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:

05/02/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARROW, MICHAEL C
Address: 2598 NE 97TH ST RD/ PO BOX 974
City-St-Zip: ANTHONY, FL 326170974 US

Title: VD (X) Delete
Name: CYR, DALE
Address: 4035 NE 92ND PLACE
City-St-Zip: ANTHONY, FL 32617 US

Title: VD () Delete
Name: LAFOUNTAIN, IVAN
Address: 18150 NE 19TH CT
City-St-Zip: CITRA, FL 32113 US

Title: TD () Delete
Name: CECIL, CYNTHIA
Address: 13875 NE 47TH AVE
City-St-Zip: ANTHONY, FL 32617 US

Title: SD () Delete
Name: PAYNE, ANGELA
Address: 821 NE 43RD ST
City-St-Zip: OCALA, FL 34479 US

Title: D () Delete
Name: CYR, ROXANNE
Address: 4035 NEW 92ND PLACE
City-St-Zip: ANTHONY, FL 32617 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ELWOOD, SHERRY
Address: 3005 NE 25TH CT
City-St-Zip: OCALA, FL 34479 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL C. BARROW

PD

05/02/2002

Electronic Signature of Signing Officer or Director

Date