

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

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90099 015 *****70.00

DOCUMENT # N00000002120

1. Entity Name

ANTHONY LITTLE LEAGUE, INC.



Principal Place of Business

**2150 NE 95TH STREET
ANTHONY FL 32617
US**

Mailing Address

**P.O. BOX 134
ANTHONY FL 32617-0134
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2879421**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BARROW, MICHAEL C PRES
2598 NE 97TH ST RD/PO BOX 974
ANTHONY FL 32617-0974**

7. Name and Address of New Registered Agent

Name **TINA R. BRITT**

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

1790 NE 180th STREET

City **CITRA**

FL

Zip Code **32113**

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

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

After September 10, 2003, min will be \$236.25

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

TITLE **PD** ☒ Delete
NAME **BARROW, MICHAEL C**
STREET ADDRESS **2598 NE 97TH ST RD/ PO BOX 974**
CITY-ST-ZIP **ANTHONY FL 32617-0974**

TITLE **VD** ☐ Delete
NAME **LAFOUNTAIN, IVAN**
STREET ADDRESS **18150 NE 19TH CT**
CITY-ST-ZIP **CITRA FL 32113**

TITLE **TD** ☒ Delete
NAME **CECIL, CYNTHIA**
STREET ADDRESS **13875 NE 47TH AVE**
CITY-ST-ZIP **ANTHONY FL 32617**

TITLE **SD** ☒ Delete
NAME **ELWOOD, SHERRY**
STREET ADDRESS **3005 NE 25TH CT**
CITY-ST-ZIP **OCALA FL 34479**

TITLE **D** ☒ Delete
NAME **CYR, ROXANNE**
STREET ADDRESS **4035 NEW 92ND PLACE**
CITY-ST-ZIP **ANTHONY FL 32617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Tina Britt**
STREET ADDRESS **1790 NE 180th St.**
CITY-ST-ZIP **CITRA, FL 32113**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Change ☐ Addition
NAME **CHERA ANTIS**
STREET ADDRESS **4280 NE 25th TERR**
CITY-ST-ZIP **OCALA, FL 34479**

TITLE **D** ☒ Change ☐ Addition
NAME **JON HARVEY**
STREET ADDRESS **5337 NE 11th AVE**
CITY-ST-ZIP **OCALA, FL 34479**

TITLE **D** ☒ Change ☐ Addition
NAME **JODY ANTIS**
STREET ADDRESS **4280 NE 25th TERR**
CITY-ST-ZIP **OCALA, FL 34479**

TITLE **D** ☒ Change ☐ Addition
NAME **TIMOTHY BRITT**
STREET ADDRESS **1790 NE 180th St.**
CITY-ST-ZIP **CITRA, FL 32113**

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 REQUIRED

8/5/03

352-591-1530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)