

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 8:00 am**
Secretary of State

04-09-2001 90041 007 ****70.00

DOCUMENT # N00000006910

1. Entity Name

JACKSON E. JONES LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

**1508 MISSISSIPPI AVE.
LYNN HAVEN FL 32444****1508 MISSISSIPPI AVE.
LYNN HAVEN FL 32444**

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

INOLESS9-3569078

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reappointing)

DATE

**FILE NOW:
FEE IS \$81.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		P. Leon Miller	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1508 Mississippi Av.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Lynn Haven, FL 32444	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		VIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Termy white	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1403 E. 8th St.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Panama City, FL 32401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Lois Miller	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1508 Mississippi Av.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Lynn Haven, FL 32444	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		John Plummer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		704 E. Pine Forest Dr.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Lynn Haven, FL 32444	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Kevin Matthews	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		7006 Benton Dr.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Panama City, FL 32404	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Robert Duren	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1011 Cone Av.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Panama City, FL 32401	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JACKSON E. JONES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4-5-01
Date(850) 265-2469
Daytime Phone #

CR2E037 (1/00)