

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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90116 050 ****61.25

DOCUMENT # N00000006910

1. Entity Name
JACKSON E. JONES LITTLE LEAGUE, INC.



Principal Place of Business

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

Mailing Address

**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 **59-3569078**

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

**MILLER, LEON
1508 MISSISSIPPI AVE.
LYNN HAVEN FL 32444**

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

SIGNATURE: Leon Miller
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-03

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	PD	<input type="checkbox"/> Delete
NAME	MILLER, LEON	
STREET ADDRESS	1508 MISSISSIPPI AVE.	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, TERRY	
STREET ADDRESS	1403 E 8TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MILLER, LOIS	
STREET ADDRESS	1508 MISSISSIPPI AVE.	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	BT	<input type="checkbox"/> Delete
NAME	PLUMMER, JOHN	
STREET ADDRESS	704 E PINE FOREST DR	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	BT	<input type="checkbox"/> Delete
NAME	MATTHEWS, KEVIN	
STREET ADDRESS	7006 BENTON DR	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	BT	<input type="checkbox"/> Delete
NAME	DUREN, ROBERT	
STREET ADDRESS	1011 CONE AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUMBREY, RICHARD	
STREET ADDRESS	723 HUNTINGDON ROAD	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Leon Miller **SIGNATURE REQUIRED**

1-21-03 18501265-2469

CR2E037 (10/02)