

**2002 UNIFORM BUSINESS REPORT (UBR)**

1/30

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90011 048 \*\*\*\*70.00

**DOCUMENT # NO1000003636**

1. Entity Name

**NORTHWEST AREA LITTLE LEAGUE, INC.**

Principal Place of Business

6526 ROYAL TERM ST  
 ORLANDO FL 32810

Mailing Address

6526 ROYAL TERM ST  
 ORLANDO FL 32810

16931



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

*No1000003636*  
*59-1855550*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAWER, SUE**  
**6526 ROYAL TERM ST**  
**ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

B. 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

*Susan E. Lawler*

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-12-02*

**FILE NOW: FEE IS \$61.25**

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

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP LAWER, SUE	6526 ROYAL TERM ST	ORLANDO FL 32810	<input type="checkbox"/>
DV BAILEY, ORAL	2872 LAKE JACKSON	APOPKA FL 32703	<input type="checkbox"/>
DS ADAMITIS, CHERYL	3838 SHADY GROECIR	ORLANDO FL 32810	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 empowers.

SIGNATURE

*Susan E. Lawler*

Signature and typed or printed name of signing officer or director

*1-12-02*

Date

*407-294-0913*

Daytime Phone #

CR2E037 (9/01)