

Amended

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

09-12-2003 90101 002 \*\*\*\*61.25


FIL NO 1000003636  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 17 AM 8:47

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**DOCUMENT # N01000003636**

1. Entity Name  
**NORTHWEST AREA LITTLE LEAGUE, INC.**



Principal Place of Business      Mailing Address

**6526 ROYAL TERN ST  
ORLANDO FL 32810**      **6526 ROYAL TERN ST  
ORLANDO FL 32810**

2. Principal Place of Business      3. Mailing Address

**5304 Mary Ann Lane**      **5304 Mary Ann Lane**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Orlando FL**      **Orlando FL**

Zip      Country      Zip      Country

**32810 USA**      **32810 USA**

4. FEI Number **59-1855550**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Kristie Sanford**

Street Address (P.O. Box Number is Not Acceptable)  
**5304 Mary Ann Lane**

City **Orlando**      State **FL**      Zip Code **32810**

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 *Julie Bennebu* **Julie Bennebu**      DATE **9-9-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP LAWER, SUE 6526 ROYAL TERN ST ORLANDO FL 32810 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAILEY, ORAL 2872 LAKE JACKSON APOPKA FL 32703 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ADAMITIS, CHERYL 3838 SHADY GROECIR ORLANDO FL 32810 <input checked="" 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
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	DP Kristie Sanford 5304 Mary Ann Lane Orlando FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Cheryl Adamitis 3838 Shady Grove Circle Orlando FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Lori Wilson 990 Vine Ridge Run #307 Altamonte Springs FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Julie Bennebu 7716 meadowden Drive Orlando FL 32810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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: *Julie Bennebu* **Julie Bennebu**      Date **9-9-03**      Daytime Phone # **407-875-5770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)

9/17