2003 NOT-FOR-PROFIT CORPORATION

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2415 OLAR CT

SPRING HILL FL 34608

FILED Mar 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N0100006553 03-21-2003 90086 005 ****61.25 WEST HERNANDO LITTLE LEAGUE INC. Principal Place of Business Mailing Address 2415 OLAR CT 2415 OLAR CT SPRING HILL FL 34608 SPRING HILL FL 34608 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-3743298 City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITING, DONALD R Street Address (P.O. Box Number is Not Acceptable) **2415 OLAR CT** SPRING HILL FL 34608 City 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. 🚎 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE Change Addition TITLE WHITING, DONALD R NAME NAME **2415 OLAR CT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34608 Delete TITLE ☐ Change Addition TITLE NAME DISCIACIO, JAMES NAME 050 Cooper STREET ADDRESS STREET ADDRESS **2415 OLAR CT** 34609 CITY-ST-ZIP CITY-ST-ZIF SPRING HILL FL 34608 900 THARMA DST - Change ~ --- Addition-TITLE TITLE NAME DIVEN, JIM NAME MARCI, JIM. STREET ADDRESS

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.

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