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

## Aug 11, 2003 8:00 am Secretary of State DOCUMENT # **N01048** 08-11-2003 90290 036 \*\*\*\*61.25 WEST PINELLAS LITTLE LEAGUE, INC. Principal Place of Business Mailing Address PO BOX 1222 1507 1ST STREET INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 52-1286860 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent By Number is Not Acceptable) STEVENS, MICHELLE DINCIANNA 3895 HIGH-BLUFF DR LARGO FL 33770 Zip Cod 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD Delete Change TITI F Addition WHITAKER, DOUG NAME NAME TONY GATZIF 103 DRIFTWOOD LANE STREET ADDRESS STREET ADDRESS 128 PAINEHOL Lurgo fr CITY-ST-ZIP **LARGO FL 33770** CITY-ST-ZIP Ken Buske Change Addition □ Delete TITLE TITLE 14428 TANglewood Orive GATLIFF, TONY NAME NAME **128 PALMETTO LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33770 CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE JAMES, MYRA NAME NAME **150 POINCIANNA LANE** STREET ADDRESS STREET ADDRESS CITY-ST-7IP LARGO FL 33770 CITY-ST-ZIP VDeft Wittmann 2701 Bloffs Orise SD Delete TITLE TITLE Change Addition Addition EMSER, PATRICIA NAME NAME STREET ADDRESS STREET ADDRESS 455 20TH AVENUE FL 33770 CITY-ST-ZIP CITY-ST-7IP INDIAN ROCKS BEACH FL 33785 Delete 🖾 TITLE TITLE Change ☐ Addition Griewahn, Cherly NAME NAME 11393 PINE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33774 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME

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 ampowered 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 antiress, with all other like ampowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

**FILED**