

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01101

1. Entity Name

INDIAN RIVER COUNTY NATIONAL LITTLE LEAGUE, INC

Principal Place of Business

P.O. BOX 381
VERO BEACH FL 32961
US

Mailing Address

P.O. BOX 381
VERO BEACH FL 32961-0381
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-2424953

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

STRICKLAND, ROBERT D
3226 62ND DRIVE
VERO BEACH FL 32966

Name *Shannon Kazer*

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

2830 Laurel Dr.

City *Vero Beach*

FL *32960*

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.

SIGNATURE *Shannon Kazer*

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

(NOTE: Registered Agent signature required when reinstating)

3/21/00

DATE

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
STICKLAND, ROBERT D
3226 62ND DRIVE
VERO BEACH FL 32966

Delete

SD
Charles Gould
1901 23rd Ave.
Vero Beach, FL 32960

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
CUNNINGHAM, JEFF
985 29TH CT
VERO BEACH FL 32960

Delete

SD
Shannon Kazer
2830 Laurel Dr.
Vero Beach, FL 32960

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
CUNNINGHAM, VICKI
985 29TH CT
VERO BEACH FL 32960

Delete

PD
Jarret Lang
2356 Bonita Park.
Vero Beach, FL 32960

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
MCBRIDE, LINDA
1496 TREASURE COVE LANE
VERO BEACH FL 32963

Delete

VD
John Vordermeier
V.B. FL 32960

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Jarret Lang

Delete

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
John Vordermeier

Delete

Change

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90072 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (999)

3/21/00 567-5984

Daytime Phone #