

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 02, 2001 8:00 am
Secretary of State

01-30-2001 90022 017 *****66.25

DOCUMENT # N01101

1. Entity Name

INDIAN RIVER COUNTY NATIONAL LITTLE LEAGUE, INCO

Principal Place of Business

Mailing Address

P.O. BOX 381
VERO BEACH FL 32961
US

P.O. BOX 381
VERO BEACH FL 32961
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

KAZEN, SHANNON
2830 LAUREL DR
VERO BEACH FL 32960

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
SD
GOULD, CHARLES
1901 23RD AVE
VERO BEACH FL 32966 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Rich Brown
President
1375 Admirals walk
VERO BEACH, FL 32963 ☒ Change ☒ Addition **(D)**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KAZEN, SHANNON
2830 LAUREL DR
VERO BEACH FL 32960 ☐ Delete **(D)**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LANG, JARRET
2356 BONITA AVE
VERO BEACH FL 32960 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
VORDERMIER, JOHN
1496 TREASURE COVE LANE
VERO BEACH FL 32960 ☐ Delete **(D)**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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)(f), 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:

Shannon Kazen

1-20-01

561-562-5486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/00)