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

## DOCUMENT # N02000000683

1. Entity Name

LITTLE LEAGUE AT THE YMCA INC.



Feb 28, 2003 8:00 am § Secretary of State 02-28-2003 90123 021 \*\*\*\*61.25

**FILED** 

Principal Place of Business

Mailing Address

2085 S CONGRESS AVE WEST PALM BEACH FL 33406		2085 S CONGRESS AVE WEST PALM BEACH FL 33406			10011111	ı <del>de</del> ne iləri eskil eskil eskil eskil e	ili <b>Az</b> iek <b>Ac</b> ies <b>C</b> inor i	ESBE 1911 ZEE1	
2670 Suite, Apt	. #, etc.	3. Mailing Address 2. 2670 FOREST HLU BLYO, Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
SUI'		SUITE A							
City & Sta	PAUM BEACH FL	WEST PALM	BEAC	H FL	4. FEI Number	39365	— <del>— —</del>	pplied For ot Applicable	
Zip <b>3</b> 34	I Country	33406	Coun		5. Certificate of		\$8.75 Ad	ditional	
	6. Name and Address of Current R				7. Name and A	ddress of New Register	•	*	
				Name	<del></del>		<del></del>		
KNAPP, JOHN				Street Address (P.O. Box Number is Not Acceptable)					
	RIDA MANGO ROAD ALM BEACH FL 33406								
WEOT 1	ALM BLACITIC SONO								
			- 1	City	e.	_	Zip Cod		
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered	office or register	red agent, or both,	in the State of Florida. I a	am familiar with,	and accept	
o oonga	tions of registered agent.								
SIGNATURE				•			•		
	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registered A	gent signature required	d when reinstating)	DAT	rE	<del></del>	
	FILE NOW: FEE IS \$61.25	9. Election Car Trust Fund C			\$5.00 May Be Added to Fees		eck Payable partment of t		
10.	OFFICERS AND DIRE	CTORS *	11.		ADDITIONS/CHAN		DIRECTORS IN	10	
TITLE	PD	☐ Delete	TITLE				☐ Change	Addition	
NAME	KNAPP, JOHN	,	NAME						
STREET ADDRESS CITY-ST-ZIP	427 FLORIDA MANGO RD	•	STREET CITY-ST	ADDRESS 1. 7/D					
TITLE	WEST PALM BEACH FL 33406		<del></del>	1-217					
NAME	MORELAND, PATRICIA	Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS	3946 DALE ROAD			ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 33406		CITY-ST	r-ZIP				ĺ	
TITLE	SD	☐ Delete	TITLE			<u>, , , , , , , , , , , , , , , , , , , </u>	☐ Change	Addition	
NAME	FRANCIS, LUWANDA Louwar	rcia	NAME						
STREET ADDRESS CITY-ST-ZIP	78 ANDROS DRIVE			ADDRESS					
	PALM SPRINGS FL 33461 TD		CITY-ST	-ZIP		<del></del>			
TITLE NAME	BELCHER, JOYCE	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS	2874 CHEROKEE RD			ADDRESS				}	
CITY-ST-ZIP	WEST PALM BEACH FL 33406		CITY-ST	<b>I</b>					
TITLE	VD	☐ Delete	TITLE	VD			☐ Change	Addition	
NAME			NAME	CHA	RLES D.	BELCHER	ondingo	, addition	
STREET ADDRESS			STREET /		y CHERO	KEE RO			
CITY-ST-ZIP			CITY-ST	-ZIP WE	ST PALM	BEACH FL	<u> 3340</u>	<u>ب</u>	
NTLE		Delete	TITLE				Change	☐ Addition	
NAME			NAME						
STREET ADDRESS SITY-ST-ZIP			STREET A	<b>I</b>					
4. 4.1			CITY-ST	-711					

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:

561 3047113