

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90468 015 ****70.00

DOCUMENT # N02000000735

1. Entity Name

Northwest Leon Little League



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3250 Pointview Drive

Suite, Apt. #, etc.

3. Mailing Address
2004 Longview Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, Florida

City & State
Tallahassee, Florida

4. FEI Number
59-3712318

Applied For
Not Applicable

Zip
32303

Country
Leon

Zip
32303

Country
Leon

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Stephanie Sego

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

5726 Tallapoosa Court

City
Tallahassee

FL

Zip Code
32303

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

Stephanie Sego, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

3/14/2003

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P / Kirk, Carol 2004 Longview Drive Tallahassee, FL 32303	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V / Henderson, Larry 5798 Jodphur Court Tallahassee, FL 32303	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T / Sego, Stephanie 5726 Tallapoosa Court Tallahassee, FL 32303	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D / Gillard, Jim 2520 Hasting Drive Tallahassee, FL 32303	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D / Pratt, Eric 2209 Amelia Court Tallahassee, FL 32303	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D / Kirk, William 2004 Longview Drive Tallahassee, FL 32303	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephanie Sego

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2003

Date

922-8375

Daytime Phone #

CR2E037B (12/02)