

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03551

1. Entity Name

TITUSVILLE LITTLE LEAGUE, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90204 030 ****61.25

Principal Place of Business

Mailing Address

10 MAX BRENER MEN PKWY
TITUSVILLE FL 32780
US

P.O. BOX 6240
TITUSVILLE FL 32782-6240
US

2. Principal Place of Business

3. Mailing Address

10 Max Brewer Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Titusville Fl

Zip

Country

Zip

Country

32780

Brevard

4. FEI Number

59-3150427

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

UDO, RICK
1716 SOUTH EDEN CIR
TITUSVILLE FL 32796

Name

Mary Pistel

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

509 Fern Ave

Titusville

City

FL

Zip Code

32796

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	PD	<input checked="" type="checkbox"/> Delete
NAME	UDO, RICK	
STREET ADDRESS	1716 S EDEN CIR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HORVATH, MIKE	
STREET ADDRESS	1510 BELL TERR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MANNING, SANDY	
STREET ADDRESS	1422 CREST DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAFFERTY, PEGGY	
STREET ADDRESS	2018 ALEXANDER DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	HART, REID	
STREET ADDRESS	955 PALM ST	
CITY-ST-ZIP	PT ST JOHN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pistel, Mary	
STREET ADDRESS	509 Fern Ave	
CITY-ST-ZIP	Titusville FL	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hart, Reid	
STREET ADDRESS	955 Palm Street	
CITY-ST-ZIP	Port St. John, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Outhouse, J.P.	
STREET ADDRESS	3885 State Rd 405	
CITY-ST-ZIP	Titusville FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY PISTEL REINSTATE Pistel President 1/8/00 368-3027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)