

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91039 035 ****61.25

DOCUMENT # N03677

1. Entity Name
PINECREST LITTLE LEAGUE, INC.



Principal Place of Business
9312 S.R. 39 SOUTH
P.O. BOX 733
LITHIA FL 33547
US

Mailing Address
S.R. 39 SOUTH
P.O. BOX 733
LITHIA FL 33547



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2387488**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRUCE, HENRY V
2843 NICHOLS RD
LITHIA FL 33547

*Webb, Daniel
4451 W. Keysville Rd.
Plant City, FL 33567 →*

7. Name and Address of New Registered Agent

Name *Webb, Daniel L.*
Street Address (P.O. Box Number is Not Acceptable)
4451 W. Keysville Rd
City *Plant City* FL Zip Code *33567*

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 *Daniel L. Webb* Daniel L. Webb 4/19/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, GREG 3104 TURKEY CREEK ROAD PLANT CITY FL 33567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUZANNE, ELLINGTON 3805 SADDLE RIDGE STREET VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, ROBIN 8840 CAREY RD LITHIA FL 33547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIAN, PAUL 10010 BOYETTE RD LITHIA FL 33547	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, PATRICIA 4451 W. KEYSVILLE RD PLANT CITY FL 33567	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINA, MILLER 3605 CA BUGG RD LITHIA FL 33547	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Baseball Charlie Hine 3911 Broomsedge Ln VALRICO FL 33594	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Koss, Robin 8840 Carey Rd., Lithia, FL 33547	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Softball Teddy Davis 6510 Durant Rd. Durant FL 33530	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Patricia A. Webb* Patricia A. Webb 4/19/03 813-787-4347

UBR0301

CR2E037 (10/02)