

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90304 042 ****70.00

DOCUMENT # N13087

1. Entity Name

NORTH POMPANO BEACH LITTLE LEAGUE, INC.

Principal Place of Business

**4400 NE 18 AVE
 POMPANO BEACH FL 33064
 US**

Mailing Address

**P.O. BOX 5817
 LIGHTHOUSE POINT FL 33074
 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

59-2638439

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

**LEE-VAUGHN, SANDRA
 700 S.E. 2ND AVENUE
 APT #411
 DEERFIELD BEACH FL 33441**

Name

MARIANNE ROBROCK

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

1721 NE 43 CT

City

POMPANO BEACH

FL

Zip Code

33064

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

MARIANNE ROBROCK PRESIDENT

4-12-02
 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** ☒ Delete
 NAME **VAUGHN, SANDRA**
 STREET ADDRESS **700 S.E. 2ND AVE., APT. 411**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **MARIANNE ROBROCK**
 STREET ADDRESS **1721 NE 43 CT**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **SD** ☒ Delete
 NAME **GLIER, TISH**
 STREET ADDRESS **1231 N.E. 3 STREET**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **KAREN DIAMOND**
 STREET ADDRESS **2951 NE 9th TER**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **TD** ☒ Delete
 NAME **ROBROCK, RICHARD**
 STREET ADDRESS **1721 NE 43 CT**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **KAREN DIAMOND**
 STREET ADDRESS **2951 NE 9th TER**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **VD** ☒ Delete
 NAME **FLEETWOOD, WILLIAM**
 STREET ADDRESS **4731 N.E. 21 TERRACE #4**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **CINDY VAUGHN** ☐ Change ☒ Addition
 NAME **330 NE 44 CT**
 STREET ADDRESS **POMPANO BEACH FL 33064**
 CITY-ST-ZIP **DIRECTOR**

TITLE **D** ☐ Delete
 NAME **WALKER, KEN**
 STREET ADDRESS **5114 NE 2 WAY**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Marianne Robrock* **SIGNATURE REQUIRED 4-12-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-785-7093

Date Daytime Phone #

CP2E037 (9/01)