

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24312

1. Entity Name

CLEARWATER AMERICAN LITTLE LEAGUE INC.

Principal Place of Business
720 SATURN AVENUE NORTH
CLEARWATER FL 33757

Mailing Address
P.O. BOX 778
CLEARWATER FL 33757-0778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON, SHERYL
2020 CORONET LN
CLEARWATER FL 33764

Name

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

City

FL

Zip Code

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
NAME HAMILTON, SHERYL
STREET ADDRESS 2020 CORONET LN
CITY-ST-ZIP CLEARWATER FL 33764 ☐ Delete

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

TITLE VD
NAME STILLS, PATSY
STREET ADDRESS 2031 CORONET LN
CITY-ST-ZIP CLEARWATER FL 33764 ☒ Delete

TITLE VD
NAME Jeffrey Kohler
STREET ADDRESS 2160 Catalina Dr
CITY-ST-ZIP Clearwater, FL 33764 ☒ Change ☐ Addition

TITLE TD
NAME RODERICK, GAYLE
STREET ADDRESS 1381 VIEWTOP DR
CITY-ST-ZIP CLEARWATER FL ☒ Delete

TITLE TD
NAME Kymm Kidwell
STREET ADDRESS 1808 Bugle Lane
CITY-ST-ZIP Clearwater, FL 33764 ☒ Change ☐ Addition

TITLE SP
NAME LAPOINTE, BRENDA
STREET ADDRESS 1399 SEABREEZE ST
CITY-ST-ZIP CLEARWATER FL 33756 ☒ Delete

TITLE SP
NAME Tina Huelsman
STREET ADDRESS 1360 Hercules Ave
CITY-ST-ZIP Clearwater, FL 33764 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SHERYL HAMILTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00

Date

727-430-0341

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90035 030 ****61.25

00010161



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6555631

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required