

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24312

1. Entity Name

CLEARWATER AMERICAN LITTLE LEAGUE INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90023 013 *****61.25

Principal Place of Business

720 SATURN AVENUE NORTH
CLEARWATER FL 33757

Mailing Address

P.O. BOX 778
CLEARWATER FL 33757

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

59-6555631

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

~~HAMILTON, SHERYL~~
~~2020 CORONET LN~~
~~CLEARWATER FL 33764~~

Name

Louis Caprara

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

2187 Bramblewood Dr. S.

Clearwater, FL 33763

City

Clearwater

FL

Zip Code

33763

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

1-10-01

Signature, typed or printed name of registered agent as 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 ☒ Delete
NAME HAMILTON, SHERYL
STREET ADDRESS 2020 CORONET LN
CITY-ST-ZIP CLEARWATER FL 33764

TITLE PD ☐ Change ☒ Addition
NAME Caprara, Louis
STREET ADDRESS 2187 Bramblewood Dr S.
CITY-ST-ZIP Clearwater, FL 33763

TITLE VD ☒ Delete
NAME KOHLER, JEFFREY
STREET ADDRESS 2160 CATALINA DR
CITY-ST-ZIP CLEARWATER FL 33764

TITLE VED ☐ Change ☒ Addition
NAME Doreen A Williams
STREET ADDRESS 32 Leeward Island
CITY-ST-ZIP Clearwater, FL 33767

TITLE TD ☐ Delete
NAME KIDWELL, KYMM
STREET ADDRESS 1808 BUGLE LANE
CITY-ST-ZIP CLEARWATER FL 33764

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

TITLE SD ☐ Delete
NAME HUELSON, TINA
STREET ADDRESS 1360 HERCULES AVE
CITY-ST-ZIP CLEARWATER FL 33764

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

727 736 0502

Date

Daytime Phone #

CR2E037 (10/00)