

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24563

1. Entity Name

MIAMI SPRINGS AREA LITTLE LEAGUE, INC.

Principal Place of Business

PO BOX 661315
MIAMI FL 33166

Mailing Address

PO BOX 661315
MIAMI FL 33166

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

65-0103237

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

BAIN, SUSAN
560 FALCON AVENUE
MIAMI FL 33166

Name JAMES LLEWELLYN
Street Address (P.O. Box Number is Not Acceptable)
81 CARLISLE DR.
MIAMI SPRINGS
City FL Zip Code 33166

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]

JAMES LLEWELLYN PRESIDENT 4-20-02

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 ☒ Delete
NAME BAIN, SUSAN
STREET ADDRESS 560 FALCON AVE
CITY-ST-ZIP MIAMI FL 33166

TITLE PD ☒ Change ☐ Addition
NAME JAMES LLEWELLYN
STREET ADDRESS 81 CARLISLE DR.
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE VPD ☐ Delete
NAME RINEHART, CLARK
STREET ADDRESS 1171 SWAN AVE
CITY-ST-ZIP MIAMI FL 33166

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

TITLE T ☐ Delete
NAME RINEHART, YVONNE
STREET ADDRESS 1171 SWAN AVE
CITY-ST-ZIP MIAMI FL 33166

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

TITLE S ☐ Delete
NAME SHAPIRO, JOHN
STREET ADDRESS 1110 IBIS AVE
CITY-ST-ZIP MIAMI FL 33166

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] JAMES LLEWELLYN

4-20-02 (305) 887-7632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)