m

DOCUMENT # N25727 1. Entity Name CASSELBERRY LITTLE LEAGUE, INC.						FILED May 22, 2000 8:00 at Secretary of State				
Principal Place of Busines	Mailing Address	Mailing Address			04-17-2000 9010	06 006 ****	70.00			
WIRZ PARK MARK DAVID BLVD. CASSELBERRY FL 32707		P. O. BOX 181762 CASSELBERRY FL 32718-17 US	762		1 100 1144 1	(8 (1881 SINI 1881 SINI 8 (8 SI SINI SI	r acasa diana atan	H a ce e cc i		
2. Principal Place of Busi	ness	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	59-2898112	Appli Not A	led For Applicable		
Zip	Country	Zip	Cour	ntry	5. Certificate of	of Status Desired	\$8.75 Addition			
6. Name and Address of Current Registered Agent					7. Name and	7. Name and Address of New Registered Agent				
NAPIERATA, GLENDA 1618 BOBOLINK LN CASSELBERRY FL 32707				Street Address (P.O. Box Number is Not Acceptable) 842 Buccaneer Dr. City Winter Park FL 320 Code 192				92		
SIGNATURE Signature, type		00-17-0	TE Registered	anell Agent signature requ	blered agent, or both both bloom between reinstalling) 5.00 May Be ded to Fees					
10.	OFFICERS AND	DIRECTORS Delete	11.	 : [ADDITIONS/CH	L ANGES TO OFFICERS AND D	IRECTORS IN 1			
	RN, KEN CCANEER DR PARK FL 32789	ر 		ET ADDRESS -ST-ZIP			\	Addition S666		
NAME STREET ADDRESS 545 EAC	N, BILL	Delete	NAM STR		one Smit	h resmill cir.	OX Change	Addition 5		

7 EL 10 \$01.25						•••	j
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY- ST-ZIP	PD WOOBURN, KEN 2842 BUCCANEER DR WINTER PARK FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	VD GORMAN, BILL 515 EAGLE CIRCLE CASSELBERRY FL 32707	Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gene Smit 3759 Sutte Casselberc	h rsmill Cir. Li FL 32707	Of Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SDOOT WOODBURN, MARY JANE 2842 BUCCANEER DR WINTER PARK FL 32789	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD		☐ Change	Addition A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NAPIERATA, GLENDA 1618 BOBOLINK LN CASSELBERRY FL 32707	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
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 filling 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 OF PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

Date

Date

Date