

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90033 030 \*\*\*\*61.25

**DOCUMENT # N25727**

1. Entity Name

**CASSELBERRY LITTLE LEAGUE, INC.**

Principal Place of Business

**WIRZ PARK  
 MARK DAVID BLVD.  
 CASSELBERRY FL 32707**

Mailing Address

**P. O. BOX 181762  
 CASSELBERRY FL 32718  
 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

**59-2898112**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**NAPIERATA, GLENDA  
 1618 BOBOLINK LN  
 CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name **Mary Jane Woodburn**

Street Address (P.O. Box Number is Not Acceptable) **2842 BUCCANEER DR.**

City **Winter Park** **FL** Zip Code **32792**

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

TITLE **PD** ☐ Delete  
 NAME **WOODBURN, KEN**  
 STREET ADDRESS **2842 BUCCANEER DR**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **VD** ☒ Delete  
 NAME **GORMAN, BILL**  
 STREET ADDRESS **515 EAGLE CIRCLE**  
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **SD** ☐ Delete  
 NAME **WOODBURN, MARY JANE**  
 STREET ADDRESS **2842 BUCCANEER DR**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **TD** ☒ Delete  
 NAME **NAPIERATA, GLENDA**  
 STREET ADDRESS **1618 BOBOLINK LN**  
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD** ☐ Change ☒ Addition  
 NAME **mark Pafford**  
 STREET ADDRESS **1566 crossbeam**  
 CITY-ST-ZIP **casselberry FL 32707**

TITLE **TD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition  
 NAME **Deb Serocke**  
 STREET ADDRESS **810 Diane**  
 CITY-ST-ZIP **casselberry FL 32707**

TITLE ☐ Change ☐ Addition  
 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 REQUIRED** **Kenneth A. Woodburn** **3-14-01**

Date

Daytime Phone #

CR2E037 (10/00)