

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90046 017 ****61.25

DOCUMENT # N25727

1. Entity Name

CASSELBERRY LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

WIRZ PARK
MARK DAVID BLVD.
CASSELBERRY FL 32707

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODBURN, MARY JANE
2842 BUCCANEER DR
WINTER PARK FL 32792

Name Debra Serocke
Street Address (P.O. Box Number is Not Acceptable)
810 Diane Circle
Casselberry FL
City FL Zip Code 32707

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/02

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

TITLE ☒ Change ☒ Addition
NAME President
STREET ADDRESS Stone, Cliff
CITY-ST-ZIP MARION
CASSELBERRY FL 32707

TITLE ☐ Delete
NAME VD
STREET ADDRESS PAFFORD, MARK
CITY-ST-ZIP 1566 CROSSBEAM
CASSELBERRY FL 32707

TITLE ☒ Change ☒ Addition
NAME Vice President
STREET ADDRESS Conwell, Lori
CITY-ST-ZIP 5236 N Woodcrest Dr
WINTER PARK FL 32718

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

TITLE ☒ Change ☐ Addition
NAME Treasurer
STREET ADDRESS Serocke, Debra
CITY-ST-ZIP 810 Diane Circle
CASSELBERRY FL 32707

TITLE ☐ Delete
NAME SD
STREET ADDRESS SEROCKE, DEB
CITY-ST-ZIP 810 DIANE
CASSELBERRY FL 32707

TITLE ☐ Change ☐ Addition
NAME Secretary
STREET ADDRESS Serocke, Debra
CITY-ST-ZIP 810 DIANE Circle
CASSELBERRY FL 32707

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ths/secy 4/14/02 4/14/02

CR2E037 (9/01)