

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31260

1. Entity Name

MANATEE G.T. BRAY EAST LITTLE LEAGUE, INC.

Principal Place of Business

1024 24TH ST E
BRADENTON FL 34208
US

Mailing Address

P O BOX 1662
BRADENTON FL 34206
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 65-0103207

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

NORMA LLOYD
1607 34TH AVE E
BRADENTON FL 34208

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DTV
NAME SMITH, GREG ☐ Delete
STREET ADDRESS 2718 61 ST. E.
CITY-ST-ZIP BRADENTON FL 34208

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

TITLE S
NAME HABBOR, JENNIFER ☐ Delete
STREET ADDRESS 1515 34TH. AVE E.
CITY-ST-ZIP BRADENTON FL

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

TITLE VD
NAME PARCELS, RICK ☐ Delete
STREET ADDRESS 3605 62ND ST E
CITY-ST-ZIP BRADENTON FL 34208

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

TITLE PD
NAME LLOYD, NORMA ☐ Delete
STREET ADDRESS 1607 34TH AVE E
CITY-ST-ZIP BRADENTON FL 34202

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

Date

Daytime Phone #

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90117 050 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)