

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N31260**

1. Entity Name

MANATEE G.T. BRAY EAST LITTLE LEAGUE, INC.**FILED****Feb 13, 2002 8:00 am**
Secretary of State

02-13-2002 90145 045 ****61.25

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

Norma Lloyd Pres - Norma Lloyd

DATE

*1/2/02***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

TITLE **DTV** ☒ Delete
NAME **SMITH, GREG**
STREET ADDRESS **2718 61 ST. E.**
CITY-ST-ZIP **BRADENTON FL 34208**TITLE **S** ☐ Delete
NAME **HABBOR, JENNIFER**
STREET ADDRESS **1515 34TH. AVE E.**
CITY-ST-ZIP **BRADENTON FL**TITLE **VD** ☐ Delete
NAME **PARCELS, RICK**
STREET ADDRESS **3605 62ND ST E**
CITY-ST-ZIP **BRADENTON FL 34208**TITLE **PD** ☐ Delete
NAME **LLOYD, NORMA**
STREET ADDRESS **1607 34TH AVE E**
CITY-ST-ZIP **BRADENTON FL 34202**TITLE **DTV** ☐ Delete
NAME *Cathy Sharch*
STREET ADDRESS *3610 67th St. E.*
CITY-ST-ZIP *Bradenton, FL 34208*TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DTV** ☐ Change ☒ Addition
NAME *Cathy Sharch*
STREET ADDRESS *3610 67th St. E.*
CITY-ST-ZIP *Bradenton, FL 34208*TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Norma Lloyd **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norma Lloyd *1/2/02* *941-747-4996*

Date

Daytime Phone #

CR2E037 (9/01)