

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40263

1. Entity Name

GOLDEN GATE NATIONAL LITTLE LEAGUE, INC.

Principal Place of Business

GOLDEN GATE COMMUNITY PARK
NAPLES FL 33999
US

Mailing Address

P O BOX 990046
NAPLES FL 34116
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

65-0214114

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

JUKINS, PAUL
3430 39TH ST.SW
NAPLES FL 34117

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 PD ☐ Delete
NAME JUKINS, PAUL
STREET ADDRESS 2430 39TH ST. SW
CITY-ST-ZIP NAPLES FL 34117

TITLE President ☒ Change ☐ Addition
NAME Crabtree, Mary Ann
STREET ADDRESS 4437 19th PL SW
CITY-ST-ZIP Naples FL 34116

TITLE VD ☐ Delete
NAME CRABTREE, MARY ANN
STREET ADDRESS 4437 19TH PLACE S.W.
CITY-ST-ZIP NAPLES FL 34116

TITLE Jukins, Paul - VP ☒ Change ☐ Addition
NAME P O Box 990046
STREET ADDRESS Naples FL 34116
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME JUTKIEWICZ, NOREEN
STREET ADDRESS 270 25TH ST SW
CITY-ST-ZIP NAPLES FL 34117

TITLE Pettay, Alette, Treas ☒ Change ☐ Addition
NAME 3460 15th Ave SW
STREET ADDRESS Naples FL 34117
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CLAWSON, TINA
STREET ADDRESS 315 21ST ST SW
CITY-ST-ZIP NAPLES FL 34117

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

TITLE VD ☐ Delete
NAME JUKINS, PAUL
STREET ADDRESS 2410 39TH ST SW
CITY-ST-ZIP NAPLES FL 34117

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 #

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90077 046 ****61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)

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