

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45795

1. Entity Name

PORT SALERNO LITTLE LEAGUE, INC.

Principal Place of Business

P.O. BOX 192  
PORT SALERNO FL 34992

Mailing Address

P.O. BOX 192  
PORT SALERNO FL 34992

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

59-3097112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, BARBARA  
3749 SE LOWER ST  
STUART FL 34997

7. Name and Address of New Registered Agent

Name

Laura Allen

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

4360 SE Rubin Avenue

City

Stuart

FL

Zip Code

34997

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

*Laura Allen*

Laura Allen-Treasurer

4/26/01

(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                   | <input checked="" type="checkbox"/> Delete |
| NAME           | KEATING, JOSEPH      |                                            |
| STREET ADDRESS | 8946 SW TROPICAL AVE |                                            |
| CITY-ST-ZIP    | STUART FL 34997      |                                            |
| TITLE          | VD                   | <input type="checkbox"/> Delete            |
| NAME           | PEARCE, JOE          |                                            |
| STREET ADDRESS | 3340 SE FAIRMONT ST  |                                            |
| CITY-ST-ZIP    | STUART FL 34997      |                                            |
| TITLE          | SD                   | <input type="checkbox"/> Delete            |
| NAME           | REX, SUE             |                                            |
| STREET ADDRESS | 1721 SE JACKSON ST   |                                            |
| CITY-ST-ZIP    | STUART FL 34997      |                                            |
| TITLE          | TD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | ANDERSON, BARBARA    |                                            |
| STREET ADDRESS | 3749 SE LOWER ST     |                                            |
| CITY-ST-ZIP    | STUART FL 34997      |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                    |                                                                              |
|----------------|--------------------|------------------------------------------------------------------------------|
| TITLE          | President          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Rex, Charles       |                                                                              |
| STREET ADDRESS | 1721 SE JACKSON ST |                                                                              |
| CITY-ST-ZIP    | STUART, FL 34997   |                                                                              |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |                                                                              |
| STREET ADDRESS |                    |                                                                              |
| CITY-ST-ZIP    |                    |                                                                              |
| TITLE          | Treasurer          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Allen, Laura       |                                                                              |
| STREET ADDRESS | 4360 SE Rubin Ave  |                                                                              |
| CITY-ST-ZIP    | STUART, FL 34997   |                                                                              |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |                                                                              |
| STREET ADDRESS |                    |                                                                              |
| CITY-ST-ZIP    |                    |                                                                              |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Laura Allen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura Allen-Treasurer

4/26/01

561-486-3870

Date

Daytime Phone #

00001735



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)