

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47431

1. Entity Name

MARY ESTHER LITTLE LEAGUE, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90104 007 ****70.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 783
MARY ESTHER FL 32569

POST OFFICE BOX 783
MARY ESTHER FL 32569-0783

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

59-3102159

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

DAHLMANN, JIM
132 SCOTTSDALE DR
MARY ESTHER FL 32569

Name LONGENECKER, RODNEY L.

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

1006 FAY DRIVE

City

MARY ESTHER

FL

Zip Code

32569

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

RODNEY L. LONGENECKER

1-12-2000

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	<input checked="" type="checkbox"/> Delete
NAME	DAHLMANN, JIM	
STREET ADDRESS	132 SCOTTSDALE DR	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRIFFITHS, WILLIAM	
STREET ADDRESS	406 PEREGRINE CT	
CITY-ST-ZIP	MARK ESTHER FL 32569	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PICCIONE, FRANK	
STREET ADDRESS	342 CHERIE CT	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAHOON, STEVEN	
STREET ADDRESS	2524 GEORGETOWN LANE	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONGENECKER, RODNEY L.	
STREET ADDRESS	1006 FAY DRIVE	
CITY-ST-ZIP	MARY ESTHER FL. 32569	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALLARD, TOM	
STREET ADDRESS	805 BLVD - DE-ORLEANS	
CITY-ST-ZIP	MARY ESTHER, FL. 32569	
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		
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:

RODNEY L. LONGENECKER

1-12-2000

850-862-5955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)