

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000633

1. Entity Name

LAKE MARY LITTLE LEAGUE, INC.

Principal Place of Business

1025 DUNHURST CT.
LONGWOOD FL 32779-7054

Mailing Address

1025 DUNHURST CT.
LONGWOOD FL 32779-7054

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3157058

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAINGER, W. GARRETT JR.
1025 DUNHURST CT.
LONGWOOD FL 32779-7054

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME GRAINGER, W. GARRETT JR.
STREET ADDRESS 1025 DUNHURST CT.
CITY-ST-ZIP LONGWOOD FL 32779-7054

TITLE VPD ☐ Delete
NAME ALMIRALL, TONY
STREET ADDRESS 125 MILL RUN DRIVE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE SD ☐ Delete
NAME THOMPSON, RON
STREET ADDRESS 4852 SHORELINE CIRCLE
CITY-ST-ZIP SANFORD FL 32771

TITLE TD ☐ Delete
NAME THOMPSON, CECIL
STREET ADDRESS 301 SILVER PINE DRIVE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ Delete
NAME STALKER, GARY
STREET ADDRESS 337 NEBRASKA ST.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ Delete
NAME RITZ, MIKE
STREET ADDRESS 765 MAGNOLIA
CITY-ST-ZIP LONGWOOD FL 32750

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 #

CR2E037 (9/99)