

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90189 036 ****61.25

DOCUMENT # N93000000633

1. Entity Name

LAKE MARY LITTLE LEAGUE, INC.



Principal Place of Business

**451 FLORA CREEK COURT
LAKE MARY FL 32746**

Mailing Address

**P.O. BOX 951824
LAKE MARY FL 32795-1824**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**SIDES, RONALD G
451 FLORA CREEK CT.
LAKE MARY FL 32746**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SIDES, RONALD G**
STREET ADDRESS **451 FLORA CREEK COURT**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **VD** ☐ Delete
NAME **PAGAN, ANDY**
STREET ADDRESS **120 LAKEBREEZE CIRCLE**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **SD** ☐ Delete
NAME **POTTER, DIANE**
STREET ADDRESS **546 FREEMAN STREET**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **TD** ☒ Delete
NAME **VAN WINKLE, MARILYN**
STREET ADDRESS **106 MAPLEWOOD DRIVE**
CITY-ST-ZIP **SANFORD FL 32771**

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

TITLE **D** ☐ Delete
NAME **WILLIAMS, SCOTT**
STREET ADDRESS **105 TANGERINE COURT**
CITY-ST-ZIP **SANFORD FL 32771**

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 **TD
DARLENE CLARK**
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]

1/6/02 407-323-0303

CR2E037 (10/02)