

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001844

1. Entity Name

SANFORD LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

2535 ELPORTAL AVENUE
SANFORD FL 32773

2535 ELPORTAL AVENUE
SANFORD FL 32773

2. Principal Place of Business
1155 Butler Way

3. Mailing Address
1155 Butler Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Sanford, FL

Zip,
32773

Country

Zip
32773

Country

4. FEI Number

59-3438666

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

Name

Gunther, Gene

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

1155 Butler Way

City

Sanford

FL

Zip Code

32773

RUTH, JAMES JR.
2535 ELPORTAL AVENUE
SANFORD FL 32773

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

Gene Gunther
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/8/02

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	RUTH, JAMES JR.	
STREET ADDRESS	2535 ELPORTAL AVENUE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LATHAM, MARTIN	
STREET ADDRESS	2403 DECOTTES AVENUE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OSTER, BROOKE	
STREET ADDRESS	1004 NIGHTINGALE PT.	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, LAURA	
STREET ADDRESS	101 MAYFAIR CIRCLE	
CITY-ST-ZIP	SANFORD FL 32771	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gunther, Gene	
STREET ADDRESS	1155 Butler Way	
CITY-ST-ZIP	Sanford, FL 32773	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimelman, Robert	
STREET ADDRESS	205 North Elm Avenue	
CITY-ST-ZIP	Sanford, FL 32771	
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 ~~am~~ 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:

Gene Gunther
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

8/8/02 (407) 333-8877

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90172 005 ****61.25



DO NOT WRITE IN THIS SPACE

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