

DOCUMENT # N93000002601

1. Entity Name

WINDERMERE LITTLE LEAGUE, INC.

Principal Place of Business

1125 PARK AVE
BOX 552
WINDERMERE FL 34786

Mailing Address

P.O. BOX 552
WINDERMERE FL 34786-0552

FILED

00 FEB 25 AM 10:47

SECRETARY OF STATE
6-04823 FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1125 PARK AVE.
Suite, Apt. #, etc.
BOX 552
City & State
Windermere FL
Zip 34786 Country Orange

3. Mailing Address

BOX 552
Suite, Apt. #, etc.
Windermere
City & State FL
Zip 34786 Country Orange

4. FEI Number 59-3149619 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REESE, TERRY L
7301 FORESTWOOD CT
ORLANDO FL 32835

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Terry L. Reese Terry L. Reese 1-10-2000
(NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete
TITLE PD	REESE, TERRY L	<input type="checkbox"/>
STREET ADDRESS 7301 FORESTOOD COURT		
CITY-ST-ZIP ORLANDO FL 32835		
TITLE DT	CLICK, MARY	<input type="checkbox"/>
STREET ADDRESS 4016 SALMON DR		
CITY-ST-ZIP ORLANDO FL 32835		
TITLE V	MILLER, STEVE	<input type="checkbox"/>
STREET ADDRESS 5119 BUTLER RIDGE DR.		
CITY-ST-ZIP WINDERMERE FL 34786		
TITLE S	HARVEY, SANDY	<input type="checkbox"/>
STREET ADDRESS BOX 552		
CITY-ST-ZIP WINDERMERE FL 34786		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Mary Click
4-25-00
Treas./D.

CR2E037 (9/99)