

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90046 010 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **N93000002601**

1. Entity Name **WINDERMERE LITTLE LEAGUE**
WINDERMERE LITTLE LEAGUE, INC.
 P.O. Box 552
 Windermere, FL 34786

Principal Place of Business Mailing Address

11125 PARK AVE P.O. BOX 552
 BOX 552 WINDERMERE FL 34786
 WINDERMERE FL 34786

2. Principal Place of Business 3. Mailing Address

11125 PARK AVE **Box 552**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Windermere **FL 34786**

Zip Country Zip Country

34786 USA **34786 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

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: DATE:

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	REESE, TERRY L	Pres
STREET ADDRESS	7301 FORESTOOD COURT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CLICK, MARY	Treas
STREET ADDRESS	4016 SALMON DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, STEVE	V. P.
STREET ADDRESS	5119 BUTLER RIDGE DR.	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, SANDY	Sect.
STREET ADDRESS	BOX 552	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME	Pam Siviglia	
STREET ADDRESS	11327 LK. Butler Blvd	
CITY-ST-ZIP	Windermere FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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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: **TERRY L. REESE** DATE: **1/4/01** DAYTIME PHONE #: **407-297-8875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)