

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90248 016 ****61.25

DOCUMENT # N93000002601

1. Entity Name :

WINDERMERE LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

11125 PARK AVE
 BOX 552
 WINDERMERE FL 34786

P.O. BOX 552
 WINDERMERE FL 34786

80006085



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11125 Main St.

Box 552

Suite, Apt. #, etc.

Suite, Apt. #, etc.

(PARK AVE)

City & State
 Windermere FL

City & State
 Windermere

4. FEI Number

59-3149619

Applied For

Not Applicable

Zip
 34786

Country
 USA

Zip
 FL 34786

Country
 USA

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

REESE, TERRY L
 7301 FORESTWOOD CT
 ORLANDO FL 32835

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

Terry L Reese 7-7-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED Treas. Jan 7, 01

Date

Daytime Phone #

CR2E037 (9/01)