

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90253 035 ****70.00

0061457

DOCUMENT # N93000002601

1. Entity Name
WINDERMERE LITTLE LEAGUE, INC.



Principal Place of Business
**11125 PARK AVE
(PARK AVE)
WINDERMERE FL 34786**

Mailing Address
**P.O. BOX 552
WINDERMERE FL 34786**

(SAME)

2. Principal Place of Business

**George Bailey PARK
P.O. Box 552
(Robertson Road)**

3. Mailing Address

P.O. Box 552

Suite, Apt. #, etc.

City & State
Windermere

Zip Country
34786 Orange FL Orange



CHECK HERE IF MAKING CHANGES

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**

Name

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

City

FL Zip Code

7. Name and Address of New Registered Agent

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 *Terry L. Reese*

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**

+8.75

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | REESE, TERRY L | |
| STREET ADDRESS | 7301 FORESTOOD 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 checked="" type="checkbox"/> Delete |
| NAME | MILLER, STEVE | |
| STREET ADDRESS | 5119 BUTLER RIDGE DR. | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | HARVEY, SANDY | |
| STREET ADDRESS | BOX 552 | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | PAM SIVIGLIA | |
| STREET ADDRESS | 15 Stewart CC Drive | |
| CITY-ST-ZIP | Windermere, FL 34786 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | Jana Countryman | |
| STREET ADDRESS | 2640 Crescent Lk. DR | |
| CITY-ST-ZIP | Wmere FL 34786 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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: *Terry L. Reese*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)