

2001 UNIFORM BUSINESS REPORT (UBR)

2/28/

FILED
Mar 15, 2001 8:00 am
Secretary of State

02-28-2001 90069 040 ****61.25

DOCUMENT # N93000005677

1. Entity Name

NORTH COUNTY LITTLE LEAGUE, INC.

Principal Place of Business

11891 U.S. HWY ONE, SUITE 105
C/O THOMAS J. BAIRD
NORTH PALM BEACH FL 33408

Mailing Address

11891 U.S. HWY ONE, SUITE 105
C/O THOMAS J. BAIRD
NORTH PALM BEACH FL 33408

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0459774**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAIRD, THOMAS J
11891 U.S. HWY ONE, SUITE 105
NORTH PALM BEACH FL 33408

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 this purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-01

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	P	<input type="checkbox"/> Delete
NAME	BAIRD, THOMAS	
STREET ADDRESS	1841 ASCOTT ROAD	
CITY-ST-ZIP	NO. PALM BEACH FL 33408	D
TITLE	VP	<input type="checkbox"/> Delete
NAME	AZEREDO, DAN	
STREET ADDRESS	2992 FRENCHMAN'S PASS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	D
TITLE	SD	<input type="checkbox"/> Delete
NAME	STROPP, ELLEN	
STREET ADDRESS	2051 ASCOTT CIRCLE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	D
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEARIGEN, PHIL	
STREET ADDRESS	1674 PLEASANT DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	D
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VERES, DONNA	
STREET ADDRESS	15739 75TH WAY NORTH	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phil Pearigen	
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 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

Thomas J. Baird

Date

2-20-01

Daytime Phone #

561-625-4400

CR2037 (10/00)