2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am Secretary of State DOCUMENT # N9300005677 1. Entity Name 04-16-2002 90048 021 ****61.25 NORTH COUNTY LITTLE LEAGUE, INC. Principal Place of Business Mailing Address 11891 U.S. HWY ONE. SUITE 105 11891 U.S. HWY ONE, SUITE 105 C/O THOMAS J. BAIRD C/O THOMAS J. BAIRD NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0459774 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name---Street Address (P.O. Box Number is Not Acceptable) BAIRD, THOMAS J 11891 U.S. HWY ONE, SUITE 105 NORTH PALM BEACH FL 33408 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Addition <u>6</u> NAME BAIRD, THOMAS NAME STREET ADDRESS **1841 ASCOTT ROAD** STREET ADDRESS CITY-ST-ZIP NO. PALM BEACH FL 33408 CITY-ST-ZIP TITLE Vice President Deleta TITLE ☐ Change Addition BETH Brown 2421 Holly LANC NAME Azeredo, dan NAME STREET ADORESS 2992 FRENCHMAN'S PASS STREET ADDRESS CITY-ST-ZIP. PALM BEACH GARDENS FL 33410 Palm Beach Gardens CITY-ST-ZIP, 33410 TITLE SDD Delete TITLE Secretary Addition STROPP, ELLEN NAME MALIF Ros STREET ADDRESS 2051 ASCOTT CIRCLE STREET ADDRESS Uno Lago Drive CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP orth Palm Beach TITLE TDD TITLE reasure PEARIGEN, PHIL NAME Chris Radentz 1906 19th Court NAME STREET ADDRESS 1674 PLEASANT DRIVE STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIMEDS NAME OF SIGNING OFFICER OR DIRECTOR

FILED