

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000105

1. Entity Name

BIG TEAM FOR LITTLE PEOPLE, INC. ✓

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90159 048 ****70.00

Principal Place of Business

1025 SW FIRST AVE
STE A
OCALA FL 34474

Mailing Address

1025 SW FIRST AVE
STE A
OCALA FL 34474

US: _____

2. Principal Place of Business

1025 A.S.W. 1st AVE

3. Mailing Address

1025 A.S.W. 1st AVE.

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

OCALA, FLORIDA

City & State

OCALA, FLORIDA

Zip

34474

Country

MARION

Zip

34474

Country

MARION

4. FEI Number

59-3230695

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENDZIORA, LORELEI
1025 SW FIRST AVE
STE A
OCALA FL 34474

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

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
After September 13, 2000 min. will be \$236.25

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 ☐ Delete
NAME D
STREET ADDRESS FOUSHEE, JULIE
CITY-ST-ZIP 1025A SW 1ST AVE
OCALA FL 33471

TITLE ☐ Delete
NAME PD
STREET ADDRESS MIKULA, JIM DR
CITY-ST-ZIP 1025A SW 1 AVE
OCALA FL 34471

TITLE ☐ Delete
NAME VPD
STREET ADDRESS MELOCCHI, JOE
CITY-ST-ZIP 1025A SW 1ST AVE
OCALA FL 34471

TITLE ☒ Delete
NAME D
STREET ADDRESS URBAN, JOYCE
CITY-ST-ZIP 2875 SW 87TH STREET
OCALA FL

TITLE ☐ Delete
NAME D
STREET ADDRESS LT. CHRIS BLAIR
CITY-ST-ZIP 3831 N.E. 21st Street
OCALA, FLORIDA 34470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED JULIE FOUSHEE 7/13/00 352 622-9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #