2000 UNIFORM BUSINESS REPORT (UBR)

2/5

FILED
May 02, 2000 8:00 am
Secretary of State
02-05-2000 90011 010 ****61.25

DOCUMENT # N94000002081

1. Entity Name

LITTLE LEAGUE OF THE GULF BEACHES, INC.

Principal Place of Business	Mailing Address
200 REX PLACE MADEIRA BEACH FL 33708	P.O. BOX 8548 MADEIRA BEACH FL 33738-8548

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3244423 — Applied For

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
WARD, TERESA C ESQ. 5322 DUHME ROAD ST. PETERSBURG FL 33708	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	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LISA, TRACY A 5400 BAYSHORE DR SEMINOLE FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LIBERATORE, SANDY M 6026 OAKHIRI DR SEMINOLE FL 33772	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LIBEATORE, JOSEPH 6026 OAK HURST DR SEMINOLE FL 33772	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARBARA WILLIAMS 11697 GROVE ST SEMINOLE FL 33772	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CATANZARO, LISA 10435 KUM QUAT LAN SEMINOLE FL 33772	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CINDY BURGUN 10435 KUMQUATLANE SEMINOLE, FL 33772	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CONCESSION DIRECTOR D MIKE BURGUN 10435 KUMQUATLANE SEMINOLE FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 1-31-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #