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**FILED** 

Sep 10, 2001 8:00 am Secretary of State

09-10-2001 90005 026 \*\*\*\*61.25

727-399-8306

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400002081

LITTLE LEAGUE OF THE GULF BEACHES, INC.

SIGNATURE:

## Principal Place of Business Mailing Address 200 REX PLACE P.O. BOX 8548 A0084325 MADEIRA BEACH FL 33708 MADIERA BEACH FL 33738 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3244423 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARD, TERESA C ESQ. Street Address (P.O. Box Number is Not Acceptable) 5322 DUHME ROAD ST. PETERSBURG FL 33708 Zip Code FL 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change Addition PD LISA, TRACY A NAME NAME Kevin Kitch 5400 BAYSHORE DR STREET ADDRESS STREET ADDRESS 11281 51st Ave. SEMINOLE FL 33772 CITY-ST-ZIP CITY-ST-ZIP Madeira Beach, FL 33708 TITLE Delete TITLE ☐ Change ★ Addition WILLIAMS, BARBARA NAME NAME Tammy Pluskat 11697 GROVE ST STREET ADDRESS STREET ADDRESS 15912 Redington Drive SEMINOLE FL 33772 CITY-ST-ZIP CITY-ST-7IP Redington Beach, FL 33708 TITI F Delete TITLE ☐ Change Addition BURGON, CINDY NAME NAME Wanda (Linda) Latorre 10435 KUMQUAT LANE STREET ADDRESS STREET ADDRESS 10840 50th Ave. N. CITY-ST-ZIP SEMINOLE FL 33772 CITY-ST-ZIP FL. <u>Madeira Beach,</u> ☐ Delete TITLE ☐ Change ★ Addition NAME NAME Leslie Peruche 11693 81st Ave. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Seminole, FL 33772 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ \*Change ☐ Addition NAME NAME STREET ADDRESS 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 emprowered 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.