

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90279 006 ****61.25

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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
 MADIERA BEACH FL 33738**

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

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KITCH, KEVIN 11281 51ST AVE MADEIRA BEACH FL 33708	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PLUSKAT, TAMMY 15912 REDINGTON DR SAINT PETERSBURG FL 33708	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LATTORRE, WANDA (LINDA) 10840 50TH AVE N MADEIRA FL 33708	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERUCHE, LESLIE 11693 81ST AVE N SEMINOLE FL 33772	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Yasco, Beth 10182 1/2 5th Ave N Seminole, FL 33772	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Nesbit, Tony 206 175th Ave Redington Shores, FL 33708	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

Tammy S. Pluskat

Tammy S. Pluskat 7/22/02 727392

CR2E037 (4/02)