

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004976

1. Entity Name

NORTH SPRINGS LITTLE LEAGUE, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90025 037 ****70.00

Principal Place of Business

C/O ROBERT PERALDO
 9720 N.W. 52ND PLACE
 CORAL SPRINGS FL 33076
 US

Mailing Address

C/O ROBERT PERALDO
 9720 N.W. 52ND PLACE
 CORAL SPRINGS FL 33076
 US

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

65-0525955

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

LYON, JAMES B
 1881 UNIVERSITY DRIVE STE. 206
 CORAL SPRINGS FL 33071

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME D
 STREET ADDRESS PERALDO, ROBERT
 CITY-ST-ZIP 9720 N.W. 52 PLACE
 CORAL SPRINGS FL 33076

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS STRAVINO, T
 CITY-ST-ZIP 7104 NW 38 MANOR
 CORAL SPRINGS FL 33065

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BURZES, MIKE
 CITY-ST-ZIP 5469 N.W. 106 DRIVE
 CORAL SPRINGS FL 33067

TITLE ☒ Change ☐ Addition
 NAME BURZESI, MIKE
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WIGGINGS, MIKE
 CITY-ST-ZIP 5190 LEITNER DR E
 CORAL SPRINGS FL 33067

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

TITLE ☒ Delete
 NAME D
 STREET ADDRESS WALKER, SUZANE
 CITY-ST-ZIP 5660 W LEITNER DR
 CORAL SPRGS FL

TITLE ☐ Change ☒ Addition
 NAME LEA HARLOW
 STREET ADDRESS 4849 Chardonnay Dr.
 CITY-ST-ZIP Coral Springs, FL 33067

TITLE ☒ Delete
 NAME D
 STREET ADDRESS MAIER, DENNIS
 CITY-ST-ZIP 7777 N.W. 55TH PLACE
 CORAL SPRINGS FL 33067

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:

Robert Peraldo
 ROBERT PERALDO

7/12/00

954-960-2207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #