

N/94000004976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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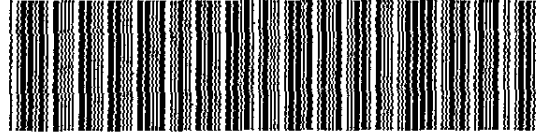
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October 21, 2003

Amendment Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: North Springs Little League, Inc.  
Document Number N94000004976

Dear Sir/Madame:

In connection with the above reference nonprofit corporation, enclosed herewith please find a completed Transmittal Letter and Statement of Change of Registered office and Registered Agent, along with a check in the amount of \$35.00 to cover the filing fee for same.

Also enclosed please find a Corporation Reinstatement for this same nonprofit corporation and a check in the amount of \$183.75 to cover the annual report fee for the years 2001, 2002 and 2003. **Please be advised that the corporation never received a letter of dissolution from the Division of Corporations and for this reason we ask that you waive the \$175.00 reinstatement fee and fully reinstate North Springs Little League, Inc., as a Florida nonprofit corporation.**

Should you have any questions regarding this matter, please do not hesitate to contact the undersigned.

Very truly yours,

BENSON, MUCCI & ASSOCIATES, LLP



Mark S. Mucci, Esquire  
For the Firm

MSM/esp

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** North Springs Little League, Inc.

(Name of corporation)

**DOCUMENT NUMBER:** N94000004976

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark S. Mucci, Esquire

(Name of person)

Benson, Mucci & Associates, LLP

(Name of firm/company)

One Financial Plaza, Suite 1600

(Address)

Ft. Lauderdale, Florida 33394-1697

(City/state and zip code)

For further information concerning this matter, please call:

Mark S. Mucci

(Name of person)

at ( 954 ) 524-6800

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: North Springs Little League, Inc.
2. The principal office address: c/o Robert Peraldo, 9720 N.W. 52nd Place, Coral Springs, Florida 33076
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 10/05/1994 Document number: N94000004976
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

James B. Lyon

1881 University Drive, Suite 206

Coral Springs, Florida 33071

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Mark S. Mucci, Esquire of Benson, Mucci & Associates, LLP

One Financial Plaza, Suite 1600

(P.O. Box or personal mailbox NOT acceptable)

Ft. Lauderdale, Florida 33394-1697

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Mark S. Mucci  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
(Signature of Registered Agent)

10/20/03  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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