

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
 04-13-2001 90070 040 ****61.50

DOCUMENT # N94000006155

1. Entity Name

SOUTH DAYTONA-HALIFAX LITTLE LEAGUE, INC.

Principal Place of Business

1727 1/2 EASTERN RD
 SOUTH DAYTONA FL 32119
 US

Mailing Address

P.O. BOX 15110
 DAYTONA BEACH FL 32115

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

59-3294535

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

DORAN, THEODORE R
444 SEABREEZE BLVD.
SUITE 800
DAYTONA BEACH FL 32118

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
DP
SYENS, DANA
793 SILVER POND DR
SOUTH DAYTONA FL 32119 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVP
MCINTYRE, PAULETTE
2926 CARRIAGE DR
S DAYTONA FL 32119 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVP
John McCormick
5810 Westport Drive
Port Orange, FL 32127 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DS
SCOFIELD, SUSAN
3546 IRISH LANE
PORT ORANGE FL 32119 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DS/T
Susan Scoffield
3546 Irish Lane
Port Orange, FL 32119 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DT
GODGREY, JOLENE
2825 OAKLEA DR
SOUTH DAYTONA FL 32119 ☒ 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANA SYENS

Date

4/15/01

Daytime Phone #

386-756-8551

CR2E037 (10/00)