

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90026 002 ****70.00

DOCUMENT # N94000006219

1. Entity Name

WINTER GARDEN LITTLE LEAGUE, INC.

Principal Place of Business

415 SOUTH PARK AVE.
WINTER GARDEN FL 34787
US

Mailing Address

POST OFFICE BOX 770638
WINTER GARDEN FL 34777-0638
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, BLAIR M
425 SOUTH DILLARD STREET
WINTER GARDEN FL 34787

4. FEI Number

65-0543705

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUCKLES, DAVID	
STREET ADDRESS	415 S PARK AVE	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BENDER, PAUL	
STREET ADDRESS	415 S PARK AVE	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CONYERS, TAMARA	
STREET ADDRESS	415 S PARK AVE	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PATE, PATRICIA	
STREET ADDRESS	415 S PARK AVE	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hutto, Randy	
STREET ADDRESS	230 Virginia Dr.	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lefford, Scott	
STREET ADDRESS	985 Glen Meadow Dr.	
CITY-ST-ZIP	Winter Garden	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Becker Bobbie	
STREET ADDRESS	223 Pennsylvania Ave.	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conyers, Tamara	
STREET ADDRESS	1635 Spring Ridge Cir.	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)