

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000030

1. Entity Name

SOUTHWEST LITTLE LEAGUE, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90019 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

EGAN PARK  
BLINDPASS RD  
ST PETERSBURG FL 33706  
US

11425 6TH ST E  
TREASURE ISLAND FL 33706-3029  
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

59-3288529

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

SUNNUCKS, ROSELLA  
833 SECOND AVE S  
8666 SEMINOLE BLVD  
TIERRA VERDA FL 33715

Name

Michael Hays

Street Address (P.O. Box Number is Not Acceptable)

11425 6th St., E.

City

Treasure Island

FL

Zip Code

33706

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

*Michael Hays, President*

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

(NOTE: Registered Agent signature required when reinstating)

3/23/00

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 ☐ Delete  
NAME VD  
STREET ADDRESS PETERS, MICHAEL S  
CITY-ST-ZIP 7032 SOUTH SHORE DR. S.  
SOUTH PASADENA FL

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS SACINO, ROSEANN  
CITY-ST-ZIP 401 PARK ST SO  
SAINT PETERSBURG FL 33707

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS SUNNUCKS, ROSELLA  
CITY-ST-ZIP 833 SECOND AVE S  
TIERRA VERDE FL 33715

TITLE ☒ Change ☐ Addition  
NAME PD  
STREET ADDRESS Hays, Michael  
CITY-ST-ZIP 11425 6th St., E.  
Treasure Island, FL 33706

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS HAYS, MICHAEL  
CITY-ST-ZIP 11425 6TH ST E  
TREASURE ISLAND FL 33706

TITLE ☒ Change ☐ Addition  
NAME TD  
STREET ADDRESS Kathryn Brannon  
CITY-ST-ZIP 243 79 St., S.  
St. Petersburg, FL 33707

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LANNI, DEBBIE  
CITY-ST-ZIP 461 41ST AVE  
SAINT PETERSBURG BEACH FL 33706

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HOBBLEMAN, ERIC  
CITY-ST-ZIP 8011 CAUSEWAY BLVD N  
SAINT PETERSBURG FL 33707

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:

*Kathryn Brannon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
KATHRYN BRANNON

3/21/00

Date

Daytime Phone #

CR2E037 (9/99)