

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90150 006 ****61.25

DOCUMENT # N95000000030

1. Entity Name

SOUTHWEST LITTLE LEAGUE, INC.

Principal Place of Business

**EGAN PARK
 BLINDPASS RD
 ST PETERSBURG FL 33706
 US**

Mailing Address

**11425 6TH ST E
 TREASURE ISLAND FL 33706
 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

**HAYS, MICHAEL
 11425 6TH ST E
 TREASURE ISLAND FL 33706**

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

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

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

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

TITLE **TD** ☐ Delete
 NAME **BRANNON, KATHRYN**
 STREET ADDRESS **243 79 ST S**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE ☒ Change ☐ Addition
 NAME **Treas. Brannon, Kathryn**
 STREET ADDRESS **8343 37 Ave. N.**
 CITY-ST-ZIP **St. Petersburg, FL 33710**

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

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **Director Tony Perna**
 STREET ADDRESS **680 Capri Blvd.**
 CITY-ST-ZIP **Treasure Island, FL 33706**

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

Date

Daytime Phone #

CR2E037 (10/00)