

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000000639**

1. Entity Name

Lady Lake Little League, Inc.

N95000000639

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90086 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. Box 1472

Lady Lake, FL 32159

2. Principal Place of Business

Kim Higgins

3. Mailing Address

Lady Lake Little League, Inc.

Suite, Apt. #, etc.

3089 U.S. Hwy 441/27

Suite, Apt. #, etc.

P.O. Box 1472

City & State

Fruitland Park, FL

City & State

Lady Lake, FL

4. FEI Number

993329430

Applied For

Not Applicable

Zip

34731

Country

U.S.

Zip

32159

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Kim Higgins

3089 U.S. Hwy 441/27

Fruitland Park, FL 34731

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 **P/D** NAME Kim Higgins ☐ Delete  
STREET ADDRESS 3089 U.S. Hwy 441/27  
CITY-ST-ZIP Fruitland Park, FL 34731

TITLE **S/D** NAME Scott Harper ☐ Delete  
STREET ADDRESS 319 E. Rose Lane  
CITY-ST-ZIP Lady Lake, FL 32159

TITLE **D** NAME Donna Smith ☐ Delete  
STREET ADDRESS 427 Winners Circle  
CITY-ST-ZIP Lady Lake, FL 32159

TITLE **D** NAME Terri Stout ☐ Delete  
STREET ADDRESS 3941 Palm Drive  
CITY-ST-ZIP Leesburg, FL 34748

TITLE **D** NAME Stacey Emery ☐ Delete  
STREET ADDRESS 379 Carriage Lane  
CITY-ST-ZIP Lady Lake, FL 32159

TITLE **T/D** NAME Mike Spradlin ☐ Delete  
STREET ADDRESS 1300 Spring Lk. Rd.  
CITY-ST-ZIP Fruitland Park, FL 34731

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** NAME Deanna Brighurst ☐ Change ☒ Addition  
STREET ADDRESS 37835 Harris Lk. Rd.  
CITY-ST-ZIP Lady Lake, FL 32159

TITLE **D** NAME Suzanne Long ☐ Change ☒ Addition  
STREET ADDRESS 38818 Wild Mustang Rd.  
CITY-ST-ZIP Lady Lake, FL 32159

TITLE **D** NAME Donna Osborne ☐ Change ☒ Addition  
STREET ADDRESS 13617 CR109H  
CITY-ST-ZIP Lady Lake, FL 32159

TITLE **D** NAME Jeff Taylor ☐ Change ☒ Addition  
STREET ADDRESS 1006 Oak Drive  
CITY-ST-ZIP Leesburg, FL 34748

TITLE **D** NAME Christie Taylor ☐ Change ☒ Addition  
STREET ADDRESS 1006 Oak Drive  
CITY-ST-ZIP Leesburg, FL 34748

TITLE **D** NAME Chuck Higgins ☐ Change ☐ Addition  
STREET ADDRESS 3089 U.S. Hwy 441/27  
CITY-ST-ZIP Fruitland Park, FL 34731

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

Scott D. HARPER

2/5/01

Date

(352)245-4584

Daytime Phone #

CR2E037 (11/00)

# 2001 UNIFORM BUSINESS REPORT (UBR)

*At a moment* *D# N450000*  
*639*

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Mailing Address

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Suite, Apt. #, etc.

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Zip

Country

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Not Applicable

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DO NOT WRITE IN THIS SPACE

*Additional* *A0025022*  
*Page*

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### 10. OFFICERS AND DIRECTORS

### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Janet Boyer 39837 Magnolia St. Lady Lake, FL 32159	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE V/D NAME STREET ADDRESS CITY-ST-ZIP	Coty Windham 8157 CR109D Lady Lake, FL 32159	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Candy Windham 8157 CR109D Lady Lake, FL 32159	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Roy Bonek 901 Jacaranda Drive Lady Lake, FL 32159	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Scott D. Harper* **SCOTT D. HARPER**

*2/5/01*  
Date

*(352) 245-4584*  
Daytime Phone #

CR2E037 (11/00)