

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000884

1. Entity Name

NORTHSIDE BAT & BALL LITTLE LEAGUE, INC.

FILED

May 24, 2002 8:00 am
Secretary of State

05-24-2002 91285 008 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1306 AVENUE O
FT. PIERCE FL 34950
US

POST OFFICE BOX 1656
FT. PIERCE FL 34950

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

69-1166950

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

BARNES, SAMUEL (TONY)
3501 JUAN ORTIZ CIRCLE
FORT PIERCE FL 34947

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 ☐ Delete
NAME **PD BARNES, TONY**
STREET ADDRESS **3501 JUAN ORTIZ CIRCLE**
CITY-ST-ZIP **FORT PIERCE FL**

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

TITLE ☐ Delete
NAME **VD JOSUE, DIANA**
STREET ADDRESS **2310 AVENUE N**
CITY-ST-ZIP **FORT PIERCE FL**

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

TITLE ☐ Delete
NAME **TD RUE, BERNICE**
STREET ADDRESS **2907 TROPIC AVENUE**
CITY-ST-ZIP **FORT PIERCE FL**

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

TITLE ☐ Delete
NAME **SD MERRICKS, DEBRA**
STREET ADDRESS **202 S.E. CALMOSO DRIVE**
CITY-ST-ZIP **PORT ST. LUCIE FL**

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

TITLE ☐ Delete
NAME **OD MILLER, LILLIE**
STREET ADDRESS **1901 ROYAL PALM DRIVE**
CITY-ST-ZIP **FORT PIERCE FL**

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

TITLE ☐ Delete
NAME **SD ROBINSON, JAMES**
STREET ADDRESS **1808 AVENUE I**
CITY-ST-ZIP **FORT PIERCE FL**

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: **SAMUEL BARNES**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

772/460-2200/125

Daytime Phone #

CR2E037 (9/01)