

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2003 8:00 am**  
**Secretary of State**

08-06-2003 90054 011 \*\*\*\*61.35

**DOCUMENT # N95000001439**

1. Entity Name

**OLDSMAR LITTLE LEAGUE, INC.**



Principal Place of Business

**3120 TAMPA ROAD  
OLDSMAR FL 34677**

Mailing Address

**POST OFFICE BOX 714  
OLDSMAR FL 34677**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3303644**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**LIEBLING, LAWRENCE H  
24761 U.S. 19 NORTH, SUITE 620  
CLEARWATER, FL 34623**

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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **MORELLI, VIC**  
STREET ADDRESS **395 CYPRESS CREEK CIRCLE**  
CITY-ST-ZIP **OLDSMAR FL 34677**

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

TITLE **VPD** ☒ Delete  
NAME **YOUNG, MARY**  
STREET ADDRESS **1416 SAGINAW COURT**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Change ☒ Addition  
NAME **Vice President of League**  
STREET ADDRESS **John Sgro**  
CITY-ST-ZIP **1915 Dover Ctr  
Oldsmar, FL 34677**

TITLE **S** ☒ Delete  
NAME **FRANK, STEPHANIE**  
STREET ADDRESS **305 CYPRESS CREEK CLUB**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Change ☒ Addition  
NAME **Secretary of League**  
STREET ADDRESS **Lori Scaggs**  
CITY-ST-ZIP **821 Jacaranda Dr  
Oldsmar, FL 34677**

TITLE **TD** ☒ Delete  
NAME **HATHAWAY, DONALD**  
STREET ADDRESS **1606 SHADY OAKS DRIVE**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Change ☒ Addition  
NAME **Treasurer**  
STREET ADDRESS **Fred Lewis**  
CITY-ST-ZIP **1709 Azalea Ct # A  
Oldsmar, FL 34677**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE R/2003/08/06**

**8/6/03**

**727-773-0352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)