

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002275

1. Entity Name

NORTH NAPLES LITTLE LEAGUE, INC.

FILED

Jan 13, 2000 8:00 am  
Secretary of State

01-13-2000 90046 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

NAPLES PARK  
685 111TH AVE N  
NAPLES FL 34110  
US

C/O DUFFY, CATHERINE C.  
380 SHARWOOD DR  
NAPLES FL 34110-5724  
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

52-1287639

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

DUFFY, CATHERINE C.  
380 SHARWOOD DR  
NAPLES FL 34110

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  
NAME PD  
STREET ADDRESS WAUGH, D. STEVEN  
CITY-ST-ZIP 8124 LAS PALMAS WAY  
NAPLES FL 34109 ☐ Delete

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

TITLE  
NAME V  
STREET ADDRESS LIETH, BRIAN  
CITY-ST-ZIP 6700 TRAIL BLVD  
NAPLES FL 34108 ☐ Delete

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

TITLE  
NAME D  
STREET ADDRESS MONZONE, KAREN  
CITY-ST-ZIP 10176 BOCA COURT  
NAPLES FL 34109 ☐ Delete

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

TITLE  
NAME T  
STREET ADDRESS DUFFY, CATHERINE C.  
CITY-ST-ZIP 380 SHARWOOD DR  
NAPLES FL 34110 ☐ Delete

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

TITLE  
NAME S  
STREET ADDRESS LEHMANN, LESLIE  
CITY-ST-ZIP 2245 IMPERIAL GOLF COURSE BLVD.  
NAPLES FL 34110 ☐ Delete

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

TITLE  
NAME D  
STREET ADDRESS BREZOVSKY, PAUL  
CITY-ST-ZIP 2103 MISSION DR  
NAPLES FL 34109 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-05-00

941-591-7977

CR2E037 (9/99)