

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90010 034 ****61.25

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DOCUMENT # N95000002275

1. Entity Name

NORTH NAPLES LITTLE LEAGUE, INC.

Principal Place of Business

**NAPLES PARK
685 111TH AVE N
NAPLES FL 34110
US**

Mailing Address

**C/O DUFFY, CATHERINE C.
380 SHARWOOD DR
NAPLES FL 34110
US**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 110304

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

4. FEI Number

52-1287639

Applied For

Not Applicable

Zip

Country

Zip

Country

34108

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DUFFY, CATHERINE C.
380 SHARWOOD DR
NAPLES FL 34110**

7. Name and Address of New Registered Agent

Name **ANGELA FIEGER**
Street Address (P.O. Box Number is Not Acceptable) **4013 TREADWATER CT**
City **NAPLES** FL Zip Code **34109**

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

Catherine C. Duffy

4-1-01

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 STREET ADDRESS CITY-ST-ZIP	PD WAUGH, D. STEVEN 8124 LAS PALMAS WAY NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIETH, BRIAN 6700 TRAIL BLVD NAPLES FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONZONE, KAREN 10176 BOCA COURT NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUFFY, CATHERINE C. 380 SHARWOOD DR NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEHMANN, LESLIE 2245 IMPERIAL GOLF COURSE BLVD. NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREZOVSKY, PAUL 2103 MISSION DR NAPLES FL 34109	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

**T
ANGELA FIEGER
4013 TREADWATER CT
NAPLES FL 34109**

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:

Angela Fieger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-01

593-8539

CR2E037 (10/00)