

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0049266

**DOCUMENT # N95000002275**

1. Entity Name

**NORTH NAPLES LITTLE LEAGUE, INC.**

04-01-2002 90013 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

**P.O. BOX 110304  
 NAPLES FL 34108  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-1287639**

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

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

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

*Angela Fieger*

**ANGELA FIEGER**

**3/19/02**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	WAUGH, D. STEVEN	
STREET ADDRESS	8124 LAS PALMAS WAY	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LIETH, BRIAN	
STREET ADDRESS	6700 TRAIL BLVD	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONZONE, KAREN	
STREET ADDRESS	10176 BOCA COURT	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	T	<input type="checkbox"/> Delete
NAME	FIEGER, ANGELA	
STREET ADDRESS	4013 TREADWATER CT	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEHMANN, LESLIE	
STREET ADDRESS	2245 IMPERIAL GOLF COURSE BLVD.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BREZOVSKY, PAUL	
STREET ADDRESS	2103 MISSION DR	
CITY-ST-ZIP	NAPLES FL 34109	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIEGER, GENE	
STREET ADDRESS	4013 TREADWATER CT	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLERY, STEVE	
STREET ADDRESS	1940 BETHANY PLACE	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNBAR, CHRISTINE	
STREET ADDRESS	512 CYPRESS WAY EAST	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DONNA	
STREET ADDRESS	163 CARIBBEAN RD	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUMSTIEN, SCOTT	
STREET ADDRESS	300 COCOHATCHEE DR	
CITY-ST-ZIP	NAPLES FL 34110	

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*

**ANGELA FIEGER**

**3/19/02**

**94-593-  
 8539**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)