

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N95000005402

Entity Name

AST ORANGE LITTLE LEAGUE, INCORPORATED

FILED
May 01, 2000 8:00 am
Secretary of State

02-04-2000 90080 041 ****61.25

Principal Place of Business WASHINGTON AVE ORANGE FL 32820	Mailing Address P.O. BOX 922 CHRISTMAS FL 32709-0922
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Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

City	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3107318	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KINNEY, ROBERT TEX WHEELER AVENUE FL 32709
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

I, 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, 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**

OFFICERS AND DIRECTORS

<input type="checkbox"/> Delete	D GRAY, BOB 2821 E. 8TH STREET ORLANDO FL 32820
<input type="checkbox"/> Delete	T WEBER, JANET 731 DIVINE CIRCLE ORLANDO FL 32828
<input type="checkbox"/> Delete	D MCKINNEY, SUSAN 23150 TEX WHEELER AVE CHRISTMAS FL
<input type="checkbox"/> Delete	D MCKINNEY, ROBERT JR 23150 TEX WHEELER AVE CHRISTMAS FL
<input type="checkbox"/> Delete	S GLORIUS, DEBRA 703 RIVERBOAT CIRCLE ORLANDO FL 32828
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<input type="checkbox"/> Change <input type="checkbox"/> Addition	V D
<input type="checkbox"/> Change <input type="checkbox"/> Addition	D
<input type="checkbox"/> Change <input type="checkbox"/> Addition	V D
<input type="checkbox"/> Change <input type="checkbox"/> Addition	P D
<input type="checkbox"/> Change <input type="checkbox"/> Addition	D
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 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 #

1/22/2000 407-771-8075

CR2E037 (9/99)