

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005402

1. Entity Name

EAST ORANGE LITTLE LEAGUE, INCORPORATED

Principal Place of Business

18501 WASHINGTON AVE
ORLANDO FL 32820

Mailing Address

P.O. BOX 922
CHRISTMAS FL 32709-0922

2. Principal Place of Business

3. Mailing Address

12472 Lake Underhill Rd #

Suite, Apt. #, etc.

Suite, Apt. #, etc.

223

City & State

City & State

Orlando FL

Zip

Country

Zip

Country

32828

Orange

6. Name and Address of Current Registered Agent

4. FEI Number

59-3107318

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

MC KINNEY, ROBERT
23150 TEX WHEELER AVENUE
CHRISTMAS FL 32709

City

Orlando

FL

Zip Code

32709

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

James L. Weber, President

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/01

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	VD	<input type="checkbox"/> Delete
NAME	GRAY, BOB	
STREET ADDRESS	2821 E. 8TH STREET	
CITY-ST-ZIP	ORLANDO FL 32820	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBER, JANET	
STREET ADDRESS	731 DIVINE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCKINNEY, SUSAN	
STREET ADDRESS	23150 TEX WHEELER AVE	
CITY-ST-ZIP	CHRISTMAS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKINNEY, ROBERT JR	
STREET ADDRESS	23150 TEX WHEELER AVE	
CITY-ST-ZIP	CHRISTMAS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLORIUS, DEBRA	
STREET ADDRESS	703 RIVERBOAT CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	Becky Dydo	
STREET ADDRESS	2302 Babbitt Ave	
CITY-ST-ZIP	Orlando FL 32833	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

James L. Weber, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/01 407-1658-2349

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90610 045 ****61.25

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DO NOT WRITE IN THIS SPACE

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