2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N9600000548** Apr 07, 2000 8:00 am Secretary of State 1. Entity Name FORT PIERCE NATIONAL LITTLE LEAGUE, INC. 04-07-2000 90005 021 ****61.25 Principal Place of Business Mailing Address P.O. BOX 283 2503 DELAWARE AVE FT PIERCE FL 34954-0283 FT PIERCE FL 34947 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0644588 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent L. Garbers Street Address (P.O. Box Number is Not Acceptable MOORE, VENETIA 208 NORTH 28TH ST. FT PIERCE FL 34950 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PIOAddition TITLE TITLE Delete L. Garbers WATKINS, SHERRI NAME STREET ADDRESS STREET ADDRESS 5508 KILLARNEY AVE CITY-ST-ZIP CITY-ST-7IP t. Pierce, FL 3495) FT PIERCE FL 34951 Addition ☐ Change 💢 Delete TITLE TITLE NAME KEMPTON, KRUEGER NAME So. 40 th court STREET ADDRESS STREET ADDRESS 8007 ROBERTS ROAD CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL 34951 Ft. Pierce Addition Delete TITLE TITLE ns MOORE, VENETIA NAME NAME Avenue ormond STREET ADDRESS STREET ADDRES 208 NORTH 20TH STREET CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL 34950 Addition TITLE ☐ Change TITLE Delete Betty Barn 1911 Norm NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME Galloway Eastwood Prive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pierce, FL 3495) TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.