## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # NGCOCOCCAR



## **FILED** Feb 05, 2003 8:00 am Secretary of State

1. Entity N	FORT PIERCE NATIONAL LITTLE LEAGUE, INC.			ESA	02-05-2003 90155 034 ****61.25		
Principal P	lace of Business	Mailing Address					
Principal Place of Business 2503 DELAWARE AVE FT PIERCE FL 34947		P.O. BOX 283 FT PIERCE FL 34954-0283					
2. Principa	Il Place of Business	3. Mailing Address					
Suite, A	pt. #, etc.	Suite, Apt. #, etc.					
City & State					☐ CHECK HERE IF MAKING CHANGES		
		City & State	City & State		4. FEI Number 65-0644588 Applied For Not Applicab		
Zip	- Country	- Zip	: ~Country-~	5. Certificate of Sta	stus Desired S8.75 A	dditional	
6. Name and Address of Current Registered Agent		Registered Agent			Fee Requiress of New Registered Agent	<del></del>	
	÷	· · · · · · · · · · · · · · · · · · ·	Name	and Addi	or men negistered Agent		
	rs, Kevin L Rthurs RD		Street Addres	ss (P.O. Box Number is No	ot Acceptable)		
	IERCE FL 34951					-	
	y3 - g		City		FL Zip Co		
8. The above the oblig	ve named entity submits this statement for ations of registered agent.	the purpose of changing its	registered office or regis	stered agent, or both, in th	ne State of Florida. I am familiar with	, and accept	
						ı	
	- 10 miles						
SIGNATURE							
SIGNATURE	"Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	: Registered Agent signature requi	lired when reinstating)	DATE		
		9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make Check Payable	to State	
<del></del>	Signature, typed or printed name of registered agent an FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Make Check Payable Florida Department of	State	
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10.	FILE NOW: FEE IS \$61.25  OFFICERS AND DIRE	9. Election Cam Trust Fund Co	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Make Check Payable Florida Department of	State	
10.	FILE NOW: FEE IS \$61.25  OFFICERS AND DIRE PD GARBERS, KEVIN L	9. Election Cam Trust Fund Co	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Make Check Payable Florida Department of	N 10 Addition	
10. TITLE NAME	FILE NOW: FEE IS \$61.25  OFFICERS AND DIRE PD GARBERS, KEVIN L	9. Election Cam Trust Fund Co	npaign Financing contribution.   11.  TITLE  NAME	\$5.00 May Be Added to Fees	Make Check Payable Florida Department of	N 10 Addition	
10. TITLE NAME STREET ADDRESS	FILE NOW: FEE IS \$61.25  OFFICERS AND DIRE PD GARBERS, KEVIN L 7205 ARTHURS RD FT PIERCE FL 34951 VD	9. Election Cam Trust Fund Co	npaign Financing contribution.   11.  TITLE  NAME  STREET ADDRESS	\$5.00 May Be Added to Fees	Make Check Payable Florida Department of  S TO OFFICERS AND DIRECTORS II  ☐ Change	State N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FILE NOW: FEE IS \$61.25  OFFICERS AND DIRE PD GARBERS, KEVIN L 7205 ARTHURS RD FT PIERCE FL 34951 VD BRUHN, MARLA	9. Election Cam Trust Fund Co	npaign Financing contribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Make Check Payable Florida Department of	N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent an FILE NOW: FEE IS \$61.25  OFFICERS AND DIRE PD GARBERS, KEVIN L 7205 ARTHURS RD FT PIERCE FL 34951 VD BRUHN, MARLA 801 S 40TH CT	9. Election Cam Trust Fund Co	npaign Financing ontribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGES	Make Check Payable Florida Department of  TO OFFICERS AND DIRECTORS II  Change	State N 10 Addition	
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10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	FILE NOW: FEE IS \$61.25  OFFICERS AND DIRE PD GARBERS, KEVIN L 7205 ARTHURS RD FT PIERCE FL 34951  VD BRUHN, MARLA 801 S 40TH CT FORT PIERCE FL 34947  DS HARNELL, SHELBY 610 EMERALD AVE. FORT PIERCE FL 34945	9. Election Cam Trust Fund Co	Inpaign Financing contribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANGES	Make Check Payable Florida Department of  TO OFFICERS AND DIRECTORS IN  Change	State N 10 Addition Addition	
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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:

772-464-2117