

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90706 004 ****61.25

DOCUMENT # N96000000782

1. Entity Name

MILTON SPORTS LEAGUE, INC.

Principal Place of Business

Mailing Address

PO BOX 4141
 MILTON FL 32572

PO BOX 4141
 MILTON FL 32572

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3358661

Applied For

Not Applicable

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

BROCK, JAMES B
402 NW SANDERS ST
MILTON FL 32570

Name

Freddy Williamson

Street Address (P.O. Box Number is Not Acceptable)

4225 Reinsma Rd

City

Milton

FL

Zip Code

32583

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

Freddy Williamson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-2-02

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	BROCK, JAMES B	
STREET ADDRESS	402 NW SANDERS STREET	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMSON, FREDDY	
STREET ADDRESS	4225 REINSMAR RD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VIHANEK, APRIL	
STREET ADDRESS	23 EASY STREET	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	JOYNER, LEIGH	
STREET ADDRESS	5424 BRANDON DRIVE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Freddy Williamson	
STREET ADDRESS	4225 Reinsma Rd	
CITY-ST-ZIP	Milton FL 32583	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Brock	
STREET ADDRESS	402 NW Sanders Street	
CITY-ST-ZIP	Milton FL 32570	
TITLE	Treasurer/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy Brewer	
STREET ADDRESS	6321 JASON Dr.	
CITY-ST-ZIP	MILTON FL 32570	
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		
STREET ADDRESS		
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 another like empowered.

SIGNATURE:

Freddy Williamson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-02

Date

850-626-0432

Daytime Phone #

CR2E037 (9/01)