

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

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90075 027 ****61.25

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DOCUMENT # N96000000782

1. Entity Name

MILTON SPORTS LEAGUE, INC.



Principal Place of Business

PO BOX 4141
MILTON FL 32572

Mailing Address

PO BOX 4141
MILTON FL 32572

2. Principal Place of Business

EAST Milton Sports Complex

3. Mailing Address

Suite, Apt. #, etc.

City & State

MILTON FL

City & State

MILTON FL

Zip

32583

Country

SANTA ROSA

Zip

Country

4. FEI Number **59-3358661**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WILLIAMSON, FREDDY
4225 REINSMA RD
MILTON FL 32583

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **BROCK, JAMES B**
STREET ADDRESS **402 NW SANDERS STREET**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **VO** ☐ Delete
NAME **WILLIAMSON, FREDDY**
STREET ADDRESS **4225 REINSMA RD**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **TD** ☒ Delete
NAME **VIHANEK, APRIL**
STREET ADDRESS **23 EASY STREET**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **DD** ☒ Delete
NAME **JOYNER, LEIGH**
STREET ADDRESS **5424 BRANDON DRIVE**
CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☒ Addition
NAME **Scott Feick**
STREET ADDRESS **5021 Bent Tree Rd.**
CITY-ST-ZIP **MILTON FL 32583**

TITLE **President** ☒ Change ☐ Addition
NAME **Freddy Williamson**
STREET ADDRESS **4225 Reinsma Rd.**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **Sec.** ☐ Change ☒ Addition
NAME **maray crowder**
STREET ADDRESS **4219 Jernigan Rd.**
CITY-ST-ZIP **PACE FL 32571**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Teresa Kimmons**
STREET ADDRESS **4849 Douglas Dr.**
CITY-ST-ZIP **MILTON FL 32583**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: F. Williamson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-2003

Date

850-626-0432

Daytime Phone #

CR2E037 (4/03)