

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001154

1. Entity Name

NORTHWEST ESCAMBIA LITTLE LEAGUE, INC.

Principal Place of Business

3330 N PINE BARREN RD
MCDAVID FL 32568

Mailing Address

3330 N PINE BARREN RD
MCDAVID FL 32568-2504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4321 Highway 164

Suite, Apt. #, etc.

4321 Highway 164

City & State

Walnut Hill, FL

City & State

Walnut Hill, FL

Zip

32568

Country

US

Zip

32568

Country

US

6. Name and Address of Current Registered Agent

GILMORE, ELTON
3330 N PINE BARREN RD
MCDAVID FL 32568

7. Name and Address of New Registered Agent

Name Lamar Godwin

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

4321 Highway 164

Walnut Hill, FL

City

FL

Zip Code

32568

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

Lamar Godwin

Lamar Godwin

1-14-00

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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GILMORE, ELTON	
STREET ADDRESS	3330 N PINE BARREN RD	
CITY-ST-ZIP	MCDAVID FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCCALL, JOEY	
STREET ADDRESS	5407 MORGAN RD	
CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BELL, BETH	
STREET ADDRESS	6210 HWY 97	
CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOWERY, BECKY	
STREET ADDRESS	3740 O'FARRELL RD	
CITY-ST-ZIP	BRATT FL 32535	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lamar Godwin	
STREET ADDRESS	4321 Highway 164	
CITY-ST-ZIP	Walnut Hill, FL 32568	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Romine	
STREET ADDRESS	3121 S. Pine Barren Rd.	
CITY-ST-ZIP	McDavid, FL 32568	
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 all other like empowered.

SIGNATURE:

Becky Lowery BECKY LOWERY

1/14/2000

Date

(950) 327-6681
(950) 327-6709

Daytime Phone #

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90060 007 ****70.00

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DO NOT WRITE IN THIS SPACE