2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # N9600001154 1. Entity Name NORTHWEST ESCAMBIA LITTLE LEAGUE, INC. 01-23-2001 90036 043 ****70.00 Mailing Address Principal Place of Business 4321 HWY 164 4321 HWY 164 WALNUT HILL FL 32568 701707 WALNUT HILL FL 32568 2. Principal Place of Business 3. Mailing Address 5407 407 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State -NOT- APPLICABLE-Not Applicable Walnut \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GODWIN, LAMAR 4321 HWY 164 į, MC DAVID FL 32568 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. SIGNATURE Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be 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. ☐ Addition Delete TITLE TITLE McCall $\mathcal{J}oey$ GODWIN, LAMAR NAME Morgan Rd. STREET ADDRESS 5401 STREET ADORESS 4321 HWY 164 CITY-ST-ZIP 5 CITY-ST-ZIP MC DAVID FL 32568 VPD Delete TITLE TITLE Alan Lowery MCCALL, JOEY NAME 3740 Oforrell-Rd NAME STREET ADDRESS STREET ADDRESS 5407 MORGAN RD = ratt CITY-ST-ZIP CITY-ST-ZIP WALNUT HILL FL 32568 SD TITLE 💢 Change ☐ Addition ☐ Delete TITLE ROMINE, SUSAN NAME Ramona NAME 670 W. Bogia Rd. STREET ADDRESS STREET ADDRESS 3121 S. PINE BARREN RD CITY-ST-ZIP CITY-ST-ZIP WALNUT HILL FL 32568 ☐ Change ☐ Addition Delete TITLE TITLE LOWERY, BECKY NAME NAME STREET ADDRESS 3740 O'FARRELL RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRATT FL 32535 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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