

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001154

1. Entity Name

NORTHWEST ESCAMBIA LITTLE LEAGUE, INC.

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90094 027 \*\*\*\*70.00

Principal Place of Business

5407 MORGAN ROAD  
WALNUT HILL FL 32568

Mailing Address

5407 MORGAN ROAD  
WALNUT HILL FL 32568

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

NOT APPLICABLE

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

MCCALL, JOEY  
5407 MORGAN ROAD  
MC DAVID FL 32568

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.

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

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 P  
NAME MCCALL, JOEY  
STREET ADDRESS 5407 MORGAN ROAD  
CITY-ST-ZIP MC DAVID FL 32568 ☐ Delete

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

TITLE VPD  
NAME LOWERY, ALAN  
STREET ADDRESS 5140 OFARRELL ROAD  
CITY-ST-ZIP CENTURY FL 32535 ☐ Delete

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

TITLE SD  
NAME ROMINE, SUSAN  
STREET ADDRESS 3121 S. PINE BARREN RD  
CITY-ST-ZIP WALNUT HILL FL 32568 ☒ Delete

TITLE SD  
NAME Bell, Ramona  
STREET ADDRESS 670 West Bogia Rd.  
CITY-ST-ZIP McDavid, FL 32548 ☐ Change ☒ Addition

TITLE TD  
NAME LOWERY, BECKY  
STREET ADDRESS 3740 O'FARRELL RD  
CITY-ST-ZIP BRATT FL 32535 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)