

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**  
 04-10-2000 90101 016 \*\*\*\*61.25

**DOCUMENT # N96000001261**

1. Entity Name

**FORT PIERCE LITTLE LEAGUE CONCESSION, INC.**

Principal Place of Business

2503 DELAWARE AVE  
 FT PIERCE FL 34947

Mailing Address

P O BOX 3652  
 FT PIERCE FL 34948-3652

2. Principal Place of Business

3. Mailing Address

PO Box

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft Pierce FL

Zip

Country

Zip

Country

USA

4. FEI Number

65-0661368

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

KRUEGER, KEMPTON  
 8007 ROBERTS RD  
 FT PIERCE FL 34951

Name

Dawn Casper

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

5312 Palmetto Dr.

City

Ft Pierce

FL

Zip Code

34982

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

Dawn Casper

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-00

**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	D	<input checked="" type="checkbox"/> Delete
NAME	KRUEGER, KEMPTON	
STREET ADDRESS	8007 ROBERTS RD	
CITY-ST-ZIP	FT PIERCE FL 34951	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	CASPER, DAWN	
STREET ADDRESS	5312 PALMETTO DRIVE	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WATKINS, SHERRI	
STREET ADDRESS	5508 KILLARNEY AVE	
CITY-ST-ZIP	FT PIERCE FL 34951	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CRUM, DARRELL	
STREET ADDRESS	2280 JOHNSTON ROAD	
CITY-ST-ZIP	FT. PIERCE FL 34951	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BROWN, TAMI	
STREET ADDRESS	8002 KENWOOD DRIVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Valerie Kelley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1130 S 7th St	
STREET ADDRESS	(D)	
CITY-ST-ZIP	Ft Pierce FL 34950	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delane Guebler	
STREET ADDRESS	4FS1 Jorgenson Rd Ft Pierce	
CITY-ST-ZIP	34982	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dawn Casper	
STREET ADDRESS	5312 Palmetto Dr. Ft Pierce FL	
CITY-ST-ZIP	34982	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heidi Hatcher	
STREET ADDRESS	2772 Way LA Me Ft Pierce FL	
CITY-ST-ZIP	34982	
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:

ISDAWN CASPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00 5614678940

Date

Daytime Phone #

CR2E037 (9/99)