

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90189 035 *****61.25

DOCUMENT # N96000005094

1. Entity Name

LONGWOOD LITTLE LEAGUE BASEBALL, INC.



Principal Place of Business

**451 FLORA CREEK COURT
LAKE MARY FL 32746**

Mailing Address

**P.O. BOX 951824
LAKE MARY FL 32795-1824**

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 **59-3716599**

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

7. Name and Address of New Registered Agent

**SIDES, RONALD G
451 FLORA CREEK COURT
LAKE MARY FL 32746**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SIDES, RONALD G
451 FLORA CREEK COURT
LAKE MARY FL 32746** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAWKINS, ROB
856 SILVERWOOD DR
LAKE MARY FL 32746** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GARY STALKER
337 NEBRASKA STREET
LONGWOOD, FL 32779** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DIANE, POTTER
546 FREEMAN ST
LONGWOOD FL 32750** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
VAN WINKLE, MARILYN
106 MAPLEWOOD DRIVE
SANFORD FL 32771** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DARLENE BARCLARK TD
444 LONG PINE DR
LAKE MARY, FL 32746** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, SCOTT
105 TANGERINE DRIVE
SANFORD FL 32771** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
PAGAN, ANDY
120 LAKEBREEZE CIRCLE
LAKE MARY FL 32746** ☐ 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:

REQUIRED

1/1/03

407-303-0303

CR2E037 (10/02)