

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 14, 2000 8:00 am  
Secretary of State

06-14-2000 90002 034 \*\*\*\*61.25

DOCUMENT # N97000006818

1. Entity Name

PAXTON, FLORIDA, LITTLE LEAGUE, INC.

Principal Place of Business

22036 US HIGHWAY 331 N  
PAXTON FL

Mailing Address

PO BOX 1211  
PAXTON FL 32538-1211

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

59-3441924

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

DAVENPORT, TROY E  
331 DAVIDSON ROAD  
DEFUNIAK SPRINGS FL 32433

Name Michael T. Parmer

Street Address (P.O. Box Number is Not Acceptable)  
224 BA Kelly Rd

City DeFuniaK Springs FL Zip Code 32433

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

MICHAEL T. PARMER (PRESIDENT) Michael T. Parmer 06/07/2000

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	D	<input checked="" type="checkbox"/> Delete
NAME	DAVENPORT, TROY E	
STREET ADDRESS	331 DAVIDSON ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, DONEL	
STREET ADDRESS	6455 COUNTY HWY 0605	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVENPORT, JULIE	
STREET ADDRESS	331 DAVIDSON RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, CONNIE	
STREET ADDRESS	2254 ST HWY 85	
CITY-ST-ZIP	LAUREL HILL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURLISON, FRANK	
STREET ADDRESS	373 ADAMS ST	
CITY-ST-ZIP	LAUREL HILL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, JAN	
STREET ADDRESS	6455 COUNTY HWY 0605	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	

TITLE	Michael T. Parmer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael T. Parmer	
STREET ADDRESS	224 BA Kelly Rd	
CITY-ST-ZIP	DeFuniaK Springs FL 32433	
TITLE	Regina S. Smith	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Regina S. Smith	
STREET ADDRESS	#14 Thomas Dr	
CITY-ST-ZIP	Paxton FL 32538	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Connie Young	
STREET ADDRESS	224 BA Kelly Rd	
CITY-ST-ZIP	DeFuniaK Springs FL 32433	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Herrington	
STREET ADDRESS	1018 Christian Cofe Rd	
CITY-ST-ZIP	DeFuniaK Springs FL 32433	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey Sory	
STREET ADDRESS	3940 1st Ave	
CITY-ST-ZIP	Laurel Hill FL 32567	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tim Stewart	
STREET ADDRESS	2826 CD Hwy 147	
CITY-ST-ZIP	Laurel H. FL 32567	

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 (9/99)