

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

**FILED**  
**Apr 01, 2003 8:00 am**  
**Secretary of State**

04-01-2003 90043 027 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

PARMER, MICHAEL T

224 BA KELLY RD

DEFUNIAK SPRINGS FL 32433

Name

Sanders, Rick L.

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

54 Covington St.

City

Paxton

**FL**

Zip Code

32538

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 Rick L. Sanders Rick L. Sanders

1-24-2003

Signature, type 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	PD	<input checked="" type="checkbox"/> Delete
NAME	CLARLY, DEAN R	
STREET ADDRESS	3294 PLYMOUTH ROAD W.	
CITY-ST-ZIP	LAUREL HILL FL 32567	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCLANEY, JOEL	
STREET ADDRESS	624 COUNTY LINE ROAD	
CITY-ST-ZIP	LAUREL HILL FL 32567	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCNEIL, LISA	
STREET ADDRESS	35 CHEROKEE STREET	
CITY-ST-ZIP	LOCKHART FL 36455	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PARMER, MICHAEL T	
STREET ADDRESS	244 BA KELLY ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sanders, Rick L.	
STREET ADDRESS	54 Covington St.	
CITY-ST-ZIP	Paxton, FL 32538	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Korleski, Michael	
STREET ADDRESS	20702 Hwy 331	
CITY-ST-ZIP	Paxton, FL 32538	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bess, Tammy L.	
STREET ADDRESS	21311 Seminole St.	
CITY-ST-ZIP	Lockhart, AL 36455	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	King, Mary A.	
STREET ADDRESS	8225 Old Ebenezer Rd.	
CITY-ST-ZIP	Laurel Hill, FL 32567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: REGISTRATION REQUIRED Rick L. Sanders 1-24-2003 850-892-6141

CR2E037 (10/02)