

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007037

1. Entity Name

CRESTVIEW LITTLE LEAGUE, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90026 022 ****61.25

Principal Place of Business	Mailing Address
2523 S FERDON BLVD #124 CRESTVIEW FL 32539 US	2523 S FERDON BLVD #124 CRESTVIEW FL 32536-5211 US

2. Principal Place of Business CRESTVIEW LITTLE LEAGUE	3. Mailing Address CRESTVIEW LITTLE LEAGUE
Suite, Apt. #, etc. PO BOX 1452	Suite, Apt. #, etc. PO BOX 1452
City & State CRESTVIEW, FL	City & State CRESTVIEW, FL



DO NOT WRITE IN THIS SPACE

Zip 32539	Country USA	Zip 32539	Country USA
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4. FEI Number 59-3481512	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FAIR, ALAN G
12 COURTNEY LANE
CRESTVIEW FL 32539

7. Name and Address of New Registered Agent

Name **RICHARD BRUDZYNSKI**
 Street Address (P.O. Box Number is Not Acceptable)
4764 MELISSA COVE
 City **CRESTVIEW** FL Zip Code **32539**

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 **VICE-PRESIDENT** DATE **22 FEB 00**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAYES, KELLY E	
STREET ADDRESS	119 KIPLING DR	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERCIVAL, ANDREW J	
STREET ADDRESS	14 FLORA LOVE	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, SHIRLEY A	
STREET ADDRESS	5394 MONTERREY RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAIR, SAM	
STREET ADDRESS	12 COURTNEY LANE	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JARAMILLO, JAY	
STREET ADDRESS	110 LEE PLACE NORTH	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVANS, ANDREW	
STREET ADDRESS	5767 HIGHLAND HILLS RD	
CITY-ST-ZIP	CRESTVIEW FL 32536	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD BRUDZYNSKI	
STREET ADDRESS	4764 MELISSA COVE	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES A. WIRTH	
STREET ADDRESS	658 E. LEE AVENUE	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA WIRTH	
STREET ADDRESS	658 E. LEE AVENUE	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAM FAIR	
STREET ADDRESS	160 VILLAGECREST DR.	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN C. LYNCH	
STREET ADDRESS	137 STEEPLECHASE DR.	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMBERLY LYNCH	
STREET ADDRESS	137 STEEPLECHASE DR	
CITY-ST-ZIP	CRESTVIEW, FL 32539	

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** DATE **22 MAR 2000** DAYTIME PHONE # **(850) 682-4644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)