

# 2000. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000386

1. Entity Name

GIFFORD CENTRAL LITTLE LEAGUE, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL-18 PM-1:32

Principal Place of Business

Mailing Address

~~4265-45TH LANE~~  
VERO BEACH FL 32967

~~4265-45TH LANE~~  
VERO BEACH FL 32967



2. Principal Place of Business

4570-57th Ave.  
Suite, Apt. #, etc.  
VERO BEACH, FLA.  
City & State

3. Mailing Address

4570-57th Ave.  
Suite, Apt. #, etc.  
VERO BEACH, FLA.  
City & State

DO NOT WRITE IN THIS SPACE

03-06-00 90121 021 \$61.25

4. FEI Number

65-0480696

Applied For

Not Applicable

Zip

32967

Country

U.S.

Zip

32967

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IDLETTE, JOE N III  
4265-45TH LN  
VERO BEACH FL 32967

7. Name and Address of New Registered Agent

Name

JOE IDLETTE III

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

4570-57th Ave.

City

VERO BEACH

FL

Zip Code

32967

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

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  
After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	IDLETTE, JOE III	
STREET ADDRESS	<del>4265-45TH LANE</del> 4570-57th Ave.	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	IDLETTE, JOE III	
STREET ADDRESS	4265 45TH LANE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, SHIRLEY	
STREET ADDRESS	3975-47TH ST	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, SHIRLEY	
STREET ADDRESS	3975 47TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, AGUILA	
STREET ADDRESS	3975-47TH ST	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	PRD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, ANTHONY	
STREET ADDRESS	4159 57TH COURT	
CITY-ST-ZIP	VERO BEACH FL 32967	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE N. IDLETTE III	
STREET ADDRESS	4570-57th Ave.	
CITY-ST-ZIP	VERO Bch, FL. 32967	
TITLE	ANTHONY BROWN, Vice Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY BROWN, Vice Pres	
STREET ADDRESS	4159-57th Ct.	
CITY-ST-ZIP	VERO BEACH, FL. 32967	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret Brown	
STREET ADDRESS	4159-57th Ct.	
CITY-ST-ZIP	VERO BEACH, FL. 32967	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sha Saunders	
STREET ADDRESS	1310-18th Ave. SW	
CITY-ST-ZIP	VERO BEACH, FL. 32962	
TITLE	SAFETY OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thaddeus Forbes	
STREET ADDRESS	2856-49th St	
CITY-ST-ZIP	VERO BEACH, FL. 32967	
TITLE	Umpire-In-Chief	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clarence Newmon	
STREET ADDRESS	3975-47th St	
CITY-ST-ZIP	VERO BEACH, FL. 32967	

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

7/13/00

Date

(561) 778-4523

Daytime Phone #