

# 2000 UNIFORM BUSINESS REPORT (UBR)

5.

**FILED**  
**Jul 10, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90176 009 \*\*\*\*61.25

DOCUMENT # N98000000627

1. Entity Name

NORTH LAKE LAND NATIONAL LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

7044 GREEN ROAD  
 HUNT FOUNTAIN PARK  
 LAKE LAND FL 33809

7044 GREEN ROAD  
 HUNT FOUNTAIN PARK  
 LAKE LAND FL 33810-2111

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

59-3178211

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

MATHEWS, BARBARA B  
 5336 U.S. HWY. 98 N.  
 LAKE LAND FL 33809

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.

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 \$81.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FOX, BRAD	
STREET ADDRESS	5712 LAKE BREEZE AVE.	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, FRANK	
STREET ADDRESS	1805 BALTIE PLACE	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VABLES, REBECCA	
STREET ADDRESS	6522 CROMWELL RD	
CITY-ST-ZIP	LAKE LAND FL 33809	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	QUIGLEY, JOE	
STREET ADDRESS	6206 DOE CIR. EAST	
CITY-ST-ZIP	LAKE LAND FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Leach	
STREET ADDRESS	6215 Angus Dr	
CITY-ST-ZIP	LAKE LAND FL 33810	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rebecca Valdez	
STREET ADDRESS	6522 Cromwell Rd	
CITY-ST-ZIP	LAKE LAND FL 33809	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah Shiver	
STREET ADDRESS	2050 Ranchland Acres Rd	
CITY-ST-ZIP	LAKE LAND FL 33809	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Billy Searles	
STREET ADDRESS	1110 Enterprise St.	
CITY-ST-ZIP	LAKE LAND FL 33805	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)