

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003507

1. Entity Name

FORT MCCOY LITTLE LEAGUE, INCORPORATED

Principal Place of Business

PO BOX 175
FORT MCCOY FL 32134

Mailing Address

PO BOX 175
FORT MCCOY FL 32134-0175

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIGER, SHIRLEY L
15460 NE 147TH AVE
FT MCCOY FL 32134

7. Name and Address of New Registered Agent

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 \$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	T	<input checked="" type="checkbox"/> Delete
NAME	MCLELLAND, NINA	
STREET ADDRESS	14501 NE 190 LANE	
CITY-ST-ZIP	FORT MC COY FL 32134	
TITLE	T	<input type="checkbox"/> Delete
NAME	KIGER, SHIRLEY	
STREET ADDRESS	15460 NE 147 AVE	
CITY-ST-ZIP	FORT MC COY FL 32134	
TITLE	T	<input type="checkbox"/> Delete
NAME	HYATT, BRENDA	
STREET ADDRESS	15230 NE 150TH LANE	
CITY-ST-ZIP	FORT MC COY FL 32134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Napoli	
STREET ADDRESS	16655 NE 243rd Place Rd.	
CITY-ST-ZIP	FT MCCOY, FL 32134	
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		
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:

Shirley L Kiger

4-18-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-25-2000 90028 043 *****70.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 26 AM 10:51

645262



DO NOT WRITE IN THIS SPACE