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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State
04-11-2001 90130 015 ****61.25

DOCUMENT # N98000003507

1. Entity Name

FORT MCCOY LITTLE LEAGUE, INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 175 FORT MCCOY FL 32134	PO BOX 175 FORT MCCOY FL 32134

190042

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE ☐ 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
KIGER, SHIRLEY L 15460 NE 147TH AVE FT MCCOY FL 32134	Name: Lori M. Hern Street Address (P.O. Box Number is Not Acceptable): 17860 NE 45th Ave Rd. City: Citra, FL Zip Code: 32113

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: Lori M. Hern (President) Lori M. Hern 6/7/01
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NAPOLI, JOSEPH 16555 NE 243 RD PLACE RD FORT MC COY FL 32134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Hern, Lori P.O. Box 765 Citra, FL 32113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KIGER, SHIRLEY 15460 NE 147 AVE FORT MC COY FL 32134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Johnson, Linda PO Box 175 Ft. McCoy FL 32113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HYATT, BRENDA 15230 NE 150TH LANE FORT MC COY FL 32134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Dawn Andrews T PO Box 175 Ft. McCoy FL 32134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 REQUIRED 4/1/01 352-595-4998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #