

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # N98000004823

1. Entity Name

EAST MERRITT ISLAND LITTLE LEAGUE INCORPORATED

Principal Place of Business

Mailing Address

JUDY C. HOBBS
1525 GLEN HAVEN DR.
MERRITT ISLAND FL 32952
USP.O. BOX 540111
MERRITT ISLAND FL 32954-0111

2. Principal Place of Business

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2151289

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

HOBBS, JUDY C
1525 GLEN HAVEN DR.
MERRITT ISLAND FL 32952

Name

Same

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

Judy C. Hobbs

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOBBS, JUDY C	
STREET ADDRESS	1525 GLEN HAVEN DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BRUNK, CINDY	
STREET ADDRESS	1014 HARBOR PINES DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

TITLE	DS	<input type="checkbox"/> Delete
NAME	BROWN, TAMMY	
STREET ADDRESS	1390 EDDY ST.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

TITLE	D	<input type="checkbox"/> Delete
NAME	Robert P. Bentivegna	
STREET ADDRESS	2440 Palm Lake Dr.	
CITY-ST-ZIP	Merritt Island FL 32952	

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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hobbs, Judy C	
STREET ADDRESS	1525 Glen Haven Dr	
CITY-ST-ZIP	Merritt Island, FL 32952	

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Khondathrids	
STREET ADDRESS	1835 N Banana Rvr Dr	
CITY-ST-ZIP	Merritt Island FL 32952	

TITLE	VP DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John S. Ramsey	
STREET ADDRESS	2200 Queen Anne St	
CITY-ST-ZIP	Merritt Island FL 32952	

TITLE	Board member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary A. Eady	
STREET ADDRESS	1735 N. Merrimac Dr.	
CITY-ST-ZIP	Merritt Island, FL 32952	

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 #

FILED
May 02, 2000 8:00 am
Secretary of State

01-29-2000 90014 025 ****61.25



DO NOT WRITE IN THIS SPACE

1/13/00 784-7716