

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004823

1. Entity Name

EAST MERRITT ISLAND LITTLE LEAGUE INCORPORATED

Principal Place of Business

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

Mailing Address

P.O. BOX 540111
MERRITT ISLAND FL 32954-0111

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

59-2151289

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HOBBS, JUDY C 1525 GLEN HAVEN DR. MERRITT ISLAND FL 32952 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT HINDS, RHANDA 1835 N BANANA RIVER DR MERRITT ISLAND FL 32952 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS BROWN, TAMMY 1390 EDDY ST. MERRITT ISLAND FL 32952 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP RAMSEY, JOHN 220 QUEEN ANNE ST MERRITT ISLAND FL 32952 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ENDY, GARY A 1735 N MEMORIAL DR MERRITT ISLAND FL 32952 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Laura Pugsley 838 Hamilton Ave Rockledge, FL 32955 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT Hinds, Rhonda 1835 N. Banana River Dr Merritt Island FL 32952 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS Ruth Scott 1550 Eddy St Merritt Island FL 32952 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Eady, Gary 1735 N Memorial Dr Merritt Island FL 32952 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90128 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

1-13-01 321-421-2266