

# 2002 UNIFORM BUSINESS REPORT (UBR)

2

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90041 038 \*\*\*\*61.25

**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  
 US

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 **Rhonda Hinds**

Street Address (P.O. Box Number is Not Acceptable) **300 Magnolia Avenue Suite A**

City **Merritt Island**

**FL**

Zip Code **32952**

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 use 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 **DP** ☒ Delete  
 NAME **RUGSLEY, LAURA**  
 STREET ADDRESS **838 HAMILTON AVE**  
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **DP** ☐ Change ☒ Addition  
 NAME **Tonya Williams**  
 STREET ADDRESS **6245 N. Tropical Tr.**  
 CITY-ST-ZIP **Merritt Island, FL 32953**

TITLE **DT** ☐ Delete  
 NAME **HINDS, RHONDA**  
 STREET ADDRESS **1835 N BANANA RIVER DR**  
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS** ☒ Delete  
 NAME **SCOTT, RUTH**  
 STREET ADDRESS **1550 EDDY STREET**  
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **Janmason**  
 STREET ADDRESS **1255 Potomac Dr**  
 CITY-ST-ZIP **M. I., FL 32952**

TITLE **DVP** ☒ Delete  
 NAME **RAMSEY, JOHN**  
 STREET ADDRESS **220 QUEEN ANNE ST**  
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **DVP** ☐ Change ☒ Addition  
 NAME **Ron Lewis**  
 STREET ADDRESS **6010 Albedross**  
 CITY-ST-ZIP **Merritt Island, FL 32952**

TITLE **D** ☒ Delete  
 NAME **EADY, GARY**  
 STREET ADDRESS **1735 N MEMORIAL DR**  
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Rhonda Hinds** **REQUIRE** **Rhonda Hinds, Treasurer** **4/17/02** **321-454-2266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)