

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006994

Entity Name

VIERA/SUNTREE LITTLE LEAGUE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

02-22-2000 90008 006 ****61.25

Principal Place of Business
HILL AVE
FL 32940

Mailing Address
1424 HILL AVE
MELBOURNE FL 32940-6957



DO NOT WRITE IN THIS SPACE

Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0905126
Applied For
Not Applicable

Zip
Country

Zip
Country

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

PASCARELLA, JAMES R
1424 HILL AVE
MELBOURNE FL 32940

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PD
PASCARELLA, JIM
1424 HILL AVE
MELBOURNE FL 32940
Delete
VD
KATZ, DAVID
1380 BONAVENTURE DRIVE
MELBOURNE FL 32940
Delete
T.
KUSH, ROBERT
837 OAK PARK DRIVE
MELBOURNE FL 32940
Delete
S
STRAUB, ROBERT
839 KENNY DOWNS CIRCLE
MELBOURNE FL 32940
Delete
D
GRIES, FRANK
920 DEER RUN DRIVE
VIERA FL 32940
Delete
D
HOLBECK, ROY
1477 CRANE CREEK BLVD
VIERA FL 32940
Delete
OK
Director

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition
Secretary
Michelle Perley
5791 Newbury Circle
Melbourne, FL 32910
Change
Addition
Vice President
Straub, Robert
Same
Change
Addition
Change
Addition
Change
Addition

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 #

CR2E037 (9/99)