

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90064 007 ****61.25

DOCUMENT # N98000006994

1. Entity Name

VIERA/SUNTREE LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

900 Jordan Blass Dr.

3. Mailing Address

6300 N. Wickham Rd.

Suite, Apt. #, etc.

Ball Fields

Suite, Apt. #, etc.

Ste. 130 - #211

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32940

Country

Brevard

Zip

32940

Country

Brevard

4. FEI Number

65-0905126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Pascarella, James R.
1424 Hill Ave.
Melbourne, FL 32940

7. Name and Address of New Registered Agent

Name Robert Straub
 Street 839 Kerry Downs Circle
839 Kerry Downs Circle
 City Melbourne FL 32940

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

Robert Straub

Robert Straub, President

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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Robert Straub 839 Kerry Downs Circle Melbourne, FL 32940 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD James Gerdes 292 Sandy Run Melbourne, FL 32940 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Robert Kush 837 Oak Park Dr. Melb. FL 32940 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Michelle Perley 5791 Newbury Circle Melbourne, FL 32940 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Roy Holbeck 1477 Crane Creek Blvd Viera, FL 32940 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01 321-253-5530

CR2E037 (11/00)

00056644

DO NOT WRITE IN THIS SPACE