## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 18, 2002 8:00 am Secretary of State DOCUMENT # N9800006994 1. Entity Name VIERA/SUNTREE LITTLE LEAGUE, INC. 03-18-2002 90023 031 \*\*\*\*61.25 Principal Place of Business Mailing Address 900 JORDAN BLASS DRIVE BALL FIELDS 6300 N WICKHAM ROAD STE 130-211 MELBOURNE FL 32940 MELBOURNE FL 32940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0905126 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STRAUB, ROBERT Street Address (P.O. Box Number is Not Acceptable) 839 KERRY DOWNSCIRCLE **MELBOURNE FL 32940** City Zip Code FL 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 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITI E 9/01 Addition GERDES, JAMES NAME 292 SANDY RUN STREET ADDRESS STREET ADDRESS **CR2E037 MELBOURNE FL 32940** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 0 K ☐ Change ☐ Addition PERLEY, MICHELLE MAME **5781 NEWBURY CIRCLE** STREET ADDRESS STREET ADDRESS MELBOURNE FL 32910 CITY-ST-ZIP CITY-ST-ZIP TD^ TÎTLE Delete TITLE ☐ Change Addition KUSH, ROBERT NAME NAME 837 OAK PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32940** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STRAUB, ROBERT NAME NAME STREET ADDRESS 839 KENNY DOWNS CIRCLE STREET ADDRESS CITY-ST-7IP **MELBOURNE FL 32940** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOLBECK, ROY NAME NAME 1477 CRANE CREEK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VIERA FL 32940 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 all other like empowered. E OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description Phone &