

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001035

1. Entity Name

MADISON LITTLE LEAGUE, INC.

Principal Place of Business

RT. 1 BOX 780
LEE FL 32059

Mailing Address

RT. 1 BOX 780
LEE FL 32059-9719

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2768868

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAGER, BARRY
RT. 1 BOX 780
LEE FL 32059

7. Name and Address of New Registered Agent

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

Barry Hager

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

D BLAIR, WETZEL
RT. 5 BOX 625
MADISON FL 32340

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D GARNER, TOMMY
VALDOSTA HWY.
MADISON FL 32340

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D SALLS, MIKE
RT. 4 BOX 1640
MADISON FL 32340

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D HUMPHREY, MIKE
RT. 4, BOX 1455
MADISON FL 32340

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D HUMPHREY, LORAIN
RT. 4, BOX 1455
MADISON FL 32340

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D EALY, CARSON
RT. 4, QUITMAN HWY.
MADISON FL 32340

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

D. Teresa Rutherford
HWY 360 A
Madison, FL. 32340

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

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

D. Kevin Beals
Post Rd.
Madison, FL. 32340

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

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

D. Jim Waller
HWY 145 N.
Madison, FL. 32340

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

Barry Hager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90019 009 ****61.25



DO NOT WRITE IN THIS SPACE