

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91164 040 ****61.25

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

2. Principal Place of Business

Madison
Suite, Apt. #, etc.

3. Mailing Address

PO Box 4
Suite, Apt. #, etc.

City & State

Madison, FL

City & State

Madison, FL 32341

4. FEI Number

59-2768868

Applied For

Not Applicable

Zip

Country

Zip

Country

32341

USA

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

Doug Brown

Street Address (P.O. Box Number is Not Acceptable)

2552 E Highway 90

City

Madison

FL

Zip Code

32340

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

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 **D** ☐ Delete
NAME **RUTHERFORD, TERESA**
STREET ADDRESS **HWY 360A**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **D** ☐ Delete
NAME **GARNER, TOMMY**
STREET ADDRESS **VALDOSTA HWY**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **D** ☒ Delete
NAME **BEALS, KEVIN**
STREET ADDRESS **POST RD**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **D** ☒ Delete
NAME **HUMPHREY, MIKE**
STREET ADDRESS **RT. 4, BOX 1455**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **D** ☒ Delete
NAME **WALLER, JIM**
STREET ADDRESS **HWY 145 N**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **D** ☐ Delete
NAME **EALY, CARSON**
STREET ADDRESS **RT. 4, QUITMAN HWY.**
CITY-ST-ZIP **MADISON FL 32340**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
NAME **Doug Brown**
STREET ADDRESS **2552 E. Highway 90**
CITY-ST-ZIP **Madison, FL 32340**

TITLE **Director** ☐ Change ☒ Addition
NAME **Jay Fraleigh**
STREET ADDRESS **PO Box 262**
CITY-ST-ZIP **Madison, FL 32341**

TITLE **Director** ☐ Change ☒ Addition
NAME **Alan Sowell**
STREET ADDRESS **201 S. Range St**
CITY-ST-ZIP **Madison, FL 32340**

TITLE **Director** ☐ Change ☒ Addition
NAME **Lindsey Lawson**
STREET ADDRESS **201 NW Brookwood Ave**
CITY-ST-ZIP **Madison, FL 32340**

TITLE **Director** ☐ Change ☒ Addition
NAME **Mike Ragans**
STREET ADDRESS **1521 E Base Street**
CITY-ST-ZIP **Madison, FL 32341**

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

Teresa Rutherford

4/27/01

(850) 973-6867

Daytime Phone #

CR2E037 (10/00)