

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90158 016 *****61.25

DOCUMENT # N99000001035

1. Entity Name

MADISON LITTLE LEAGUE, INC.



Principal Place of Business

RT. 1 BOX 780
MADISON FL 32059

Mailing Address

PO BOX 4
MADISON FL 32341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

COPELAND, W T
208 S RANGE ST
MADISON FL 32340

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DOUG	
STREET ADDRESS	2552 E HIGHWAY 90	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARNER, TOMMY	
STREET ADDRESS	VALDOSTA HWY.	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRALEIGH, JAY	
STREET ADDRESS	PO BOX 262	
CITY-ST-ZIP	MADISON FL 32341	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOWELL, ALAN	
STREET ADDRESS	201 S. RANGE ST	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, LINDSEY	
STREET ADDRESS	201 NW BROOKWOOD AVE	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	EALY, CARSON	
STREET ADDRESS	RT. 4, QUITMAN HWY.	
CITY-ST-ZIP	MADISON FL 32340	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shannon Webb
STREET ADDRESS	3175 E Old Logging Trl
CITY-ST-ZIP	Lee, Fla 32059
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gina Sapp
STREET ADDRESS	Madison, Fla
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arleigh Molden
STREET ADDRESS	Rt 4 Box 7050
CITY-ST-ZIP	Madison, Fla 32340
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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] REQUIRED

2-22-03

(850) 973-8433

CR2E037 (10/02)