

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002818

1. Entity Name

NICEVILLE VALPARAISO AMERICAN LITTLE LEAGUE, INC

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90077 017 ****61.25

Principal Place of Business

Mailing Address

508 WEXFORD DR.
 NICEVILLE FL 32578

508 WEXFORD DR.
 NICEVILLE FL 32578-1765

912 South Palm Boulevard 912 South Palm Boulevard

2. Principal Place of Business

3. Mailing Address

Suite C

Suite C

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Niceville FL

City & State

Niceville FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32578

Country

OKalossa

Zip

32578

Country

OKalossa

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

MARCHMAN, RHONDA
 508 WEXFORD DR.
 NICEVILLE FL 32578

Name

Michael A. Jones

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

912 South Palm Boulevard Suite C

City

Niceville

FL

Zip Code

32578

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

5/1/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARCHMAN, KEN	
STREET ADDRESS	508 WEXFORD DR.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARCHMAN, RHONDA	
STREET ADDRESS	508 WEXFORD DR.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUTTON, ROY	
STREET ADDRESS	P.O. BOX 750	
CITY-ST-ZIP	NICEVILLE FL 32588	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOTHARD, EARL	
STREET ADDRESS	1634 PARKSIDE CIRCLE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARPER, HAL	
STREET ADDRESS	339 ANTIQUE WAY	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARVER, WAYNE	
STREET ADDRESS	1206 SHIPLEY DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Felicia Hutchings	
STREET ADDRESS	1525 Hickory St	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terri Turansky	
STREET ADDRESS	43 Norwich Cir	
CITY-ST-ZIP	Niceville FL 32578	
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 SECURED - President

May 1, 2000 (850) 729-7440

Daytime Phone #

CR2E037 (9/99)