

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002818

1. Entity Name

NICEVILLE VALPARAISO AMERICAN LITTLE LEAGUE, INC

FILED

May 21, 2002 8:00 am
Secretary of State

05-21-2002 91115 019 ***122.50

Principal Place of Business

Mailing Address

912 SOUTH PALM BLVD
STE-C
NICEVILLE FL 32578

912 SOUTH PALM BLVD
STE-C
NICEVILLE FL 32578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

JONES, MICHAEL A
912 S PALM BLVD
STE-C
NICEVILLE FL 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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D. BAKER, PATTI
463 JUNIPER DRIVE
NICEVILLE FL 32578 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SHEPARDSON, KEN
1716 EVANS COURT
NICEVILLE FL 32578 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D MIKE RARICK
1644 PARKSIDE CIRCLE
NICEVILLE FL 32578 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D GOTHARD, EARL
1634 PARKSIDE CIRCLE
NICEVILLE FL 32578 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D GARY WOOD
500 GOLF COURSE DRIVE
NICEVILLE FL 32578 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D CLEMENTS, MIKE
232 PALMETTO AVENUE
NICEVILLE FL 32578 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D GREG HASTY
500 WEXFORD DRIVE
NICEVILLE FL 32578 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D CARVER, WAYNE
1206 SHIPLEY DRIVE
NICEVILLE FL 32578 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D BOB MATHERS
1200 WINDWARD CIRCLE
NICEVILLE FL 32578 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D MCGLOCKTON, MIKE
4576 CASTLEWOOD LANE
NICEVILLE FL 32578 ☐ Delete

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:

Patti Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/02 850-897-4896

CR2E037 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

0004293

DOCUMENT # N990000028184

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NICE

ATTACHMENT

1. Entity Name
NATIONAL
NICEVILLE VALPARAISO AMERICAN LITTLE LEAGUE, INC

Principal Place of Business
912 SOUTH PALM BLVD
STE-C
NICEVILLE FL 32578

Mailing Address
912 SOUTH PALM BLVD
STE-C
NICEVILLE FL 32578

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
NOT APPLICABLE

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

JONES, MICHAEL A
912 S PALM BLVD
STE-C
NICEVILLE FL 32578

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW! FEE IS \$81.25

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 type="checkbox"/> Delete
NAME	BAKER, PATTI	
STREET ADDRESS	463 JUNIPER DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEPARDSON, KEN	
STREET ADDRESS	1716 EVANS COURT	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GO THARD, EARL	
STREET ADDRESS	1634 PARKSIDE CIRCLE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLEMENTS, MIKE	
STREET ADDRESS	232 PALMETTO AVENUE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARVER, WAYNE	
STREET ADDRESS	1206 SHIPLEY DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGLOCKTON, MIKE	
STREET ADDRESS	4576 CASTLEWOOD LANE	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE RARICK	
STREET ADDRESS	1644 PARKSIDE CIRCLE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY WOOD	
STREET ADDRESS	500 GOLF COURSE DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREG HASTY	
STREET ADDRESS	500 WEX FORD DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB MATHERS	
STREET ADDRESS	1200 WINDWARD CIRCLE	
CITY-ST-ZIP	NICEVILLE FL 32578	
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: Michael A. Jones REQUIRED

4/28/02 850-897-4896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)