

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000006132**

1. Entity Name:

CENTRAL LITTLE MAJOR LEAGUE, INC.**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90066 040 ****61.25

Principal Place of Business

Mailing Address

P. O. BOX 12111
PANAMA CITY FL 32401P. O. BOX 12111
PANAMA CITY FL 32401-9111

2. Principal Place of Business

3. Mailing Address

P.O. Box 1582

P.O. Box 1582

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PANAMA CITY, FL

PANAMA CITY, FL

Zip

Country

Zip

Country

32402-1582

USA

32402-1582

USA

4. FEI Number

Applied For

59-3604888

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

PETERS, ALVIN L
36 OAK AVE.
PANAMA CITY FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.259. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	TUBRIDY, LISA	225 S. COVE TERR. PANAMA CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	LOGUE, LANCE	1907 DEWITT PANAMA CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	SPRING, JAN	1102 MCKENZIE AVE. PANAMA CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	VERNON, MARY JO	1300 TYNDALL DR. PANAMA CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	PREVOST, JOSEPH	208 S. CLAIRE DR. PANAMA CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	PETERS, ALVIN	512 BUNKERS COVE PANAMA CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000

Date

P50-235-5928

Daytime Phone #

CR2F037 (9/99)