

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006761

1. Entity Name

FLORIDA DISTRICT 9 LITTLE LEAGUE, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90005 045 ****61.25

Principal Place of Business

FLEISHMAN HALL 2408 CLEVELAND AVE.
 FORT MYERS FL 33901

Mailing Address

P.O. BOX 6488
 FORT MYERS FL 33911

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0961731

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

LEEMAN, MERT
 2408 CLEVELAND AVENUE
 FORT MYERS FL 33901

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: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 ☐ Delete
 NAME PRESIDENT
 STREET ADDRESS MERT LEEMAN
 CITY-ST-ZIP 1668 HANSON ST
 FT. MYERS FL 33901

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

TITLE ☐ Delete
 NAME VICE PRESIDENT
 STREET ADDRESS GEORGE HALL
 CITY-ST-ZIP 1314 SE 18th ST
 CAPE CORAL FL 33990

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

TITLE ☐ Delete
 NAME SECRETARY
 STREET ADDRESS TONY DELUCCIA
 CITY-ST-ZIP 12951 McGregor BLVD
 FT. MYERS FL 33919

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

TITLE ☐ Delete
 NAME TREASURER
 STREET ADDRESS JAY TRAPNELL
 CITY-ST-ZIP 13309 McGregor BLVD
 FT. MYERS FL 33919

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Mert Leeman REQUESTED LEEMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-00

Date

941-334-7147

Daytime Phone #

CR2E037 (5/00)