

2001* UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006761

1. Entity Name

FLORIDA DISTRICT 9 LITTLE LEAGUE, INC.

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

Zip

Country

Zip

Country

4. FEI Number

65-0961731

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

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

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 PD ☐ Delete
NAME LEEMAN, MERT
STREET ADDRESS 1668 HANSON STREET
CITY-ST-ZIP FORT MYERS FL 33901

TITLE TREASUROR ☐ Change ☒ Addition
NAME JAY TRAPNELL
STREET ADDRESS 13309 McGregor Blvd.
CITY-ST-ZIP FT. MYERS FL 33919

TITLE VPD ☐ Delete
NAME HALL, GEORGE
STREET ADDRESS 1314 SE 18TH STREET
CITY-ST-ZIP CAPE CORAL FL 33990

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

TITLE SD ☐ Delete
NAME DELUCCIA, TONY
STREET ADDRESS 12351 MCGREGOR BLVD
CITY-ST-ZIP FORT 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
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TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

941-565-7009

Daytime Phone #



DO NOT WRITE IN THIS SPACE