## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 21, 2002 8:00 am Secretary of State DOCUMENT # N9900006761 FLORIDA DISTRICT 9 LITTLE LEAGUE, INC. 02-21-2002 90079 036 \*\*\*\*61.25 Principal Place of Business Mailing Address FLEISHMAN HALL 2408 CLEVELAND AVE. P.O. BOX 6488 FORT MYERS FL 33901 FORT MYERS FL 33911 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0961731 Not Applicable Zip Zip Country \$8.75 Additional Country $\Gamma$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEEMAN, MERT Street Address (P.O. Box Number is Not Acceptable) 2408 CLEVELAND AVENUE FORT MYERS FL 33901 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS ☐ Addition TITLE TITLE ☐ Change ☐ Delete Leeman, Mert NAME NAME **1668 HANSON STREET** STREET ADDRESS STREET ADDRESS FORT MYERS FL 33901 CITY-ST-ZIP CITY-ST-ZIP VPO VPD Change ☐ Addition TITLE ☐ Delete TITLE HALL GEORGE HALL, GEORGE NAME NAME 1314 SE 18TH STREET 7141 PINNACLE DR. APT 0-21 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS , FL 33907 SD \_ 🔲 Addition ☐ Delete TITLE ☐ Change DELUCCIA, TONY -NAME NAME 12351 MCGREGOR BLVD STREET ADDRESS STREET ADDRESS FORT MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TRAPNELL, JAY NAME 13309 MCGREGOR BLVD STREET ADDRESS STREET ADDRESS FORT MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-02

941-872-1791

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**FILED**