

2002 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
May 28, 2002 8:00 am
Secretary of State

02-11-2002 90014 013 ****61.25

DOCUMENT # 702272

1. Entity Name

NORTH LAKE LAND AMERICAN LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

HUNT FOUNTAIN PARK
 7044 GREEN ROAD
 LAKE LAND FL 33809
 US

HUNT FOUNTAIN PARK
 7044 GREEN ROAD
 LAKE LAND FL 33809
 US

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

59-3178211

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

CARLTON, CHARLES L
2310 LAKE LANE HILLS BLVD
LAKE LAND FL 33805

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
 NAME: SEARLES, BILLY
 STREET ADDRESS: 1110 ENTERPRISE ST
 CITY-ST-ZIP: LAKE LAND FL 33805 Delete

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

TITLE: VP
 NAME: LEACH, JIM
 STREET ADDRESS: 6215 AUGUS DR
 CITY-ST-ZIP: LAKE LAND FL 33810 Delete

TITLE: VPD
 NAME: Brawnlow Angela
 STREET ADDRESS: 201 Granite Dr
 CITY-ST-ZIP: Lakeland Fl. 33809 Change Addition

TITLE: SHIVER, DEBORAH
 STREET ADDRESS: 2050 RANCHLAND AVE
 CITY-ST-ZIP: LAKE LAND FL 33809 Delete

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

TITLE: ASHER, STEPHANIE
 STREET ADDRESS: 7947 BENJAMIN DR.
 CITY-ST-ZIP: LAKE LAND FL 33810 Delete

TITLE: ST
 NAME: Asher Stephanie
 STREET ADDRESS: 7947 Benjamin Dr
 CITY-ST-ZIP: Lakeland Fl. 33810 Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: 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)(f), 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: **BILLY SEARLES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/02

686-1556

Date Daytime Phone #

CR2E037 (9/01)