

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734523

1. Entity Name

PLANTATION ATHLETIC LEAGUE, INC.

Principal Place of Business

P.O. BOX 16303
PLANTATION FL 33318

Mailing Address

P.O. BOX 16303
PLANTATION FL 33318

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 23-7049795

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

REENDENG, CARY
441 NW 94 AVE.
FORT LAUDERDALE FL 33322

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 NAME STREET ADDRESS CITY-ST-ZIP	VD BZOEK, BILL 541 SW 63RD TERRACE PLANTATION FL 33317	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, MARTY 850 SW 87 AVE. FORT LAUDERDALE FL 33324	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENBERG, CARY 1441 NW 94TH AVENUE PLANTATION FL 33322	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREENWOOD, JO ANN 7741 NW 13 CT. FORT LAUDERDALE FL 33321	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

Date

Daytime Phone #

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90015 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)