

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90142 033 ****70.00

DOCUMENT # *NO1000004266*

1. Entity Name

Holiday Hoops Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17270 89th Place No.
Suite, Apt. #, etc.

3. Mailing Address

17270 89th Place No.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Loxahatchee FL

City & State
Loxahatchee Florida

4. FEI Number
65-1114537

Applied For
Not Applicable

Zip
33470 Country
USA

Zip
33470 Country
USA

5. Certificate of Status Desired *A* **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Griggs, Doney 1379 9th Court West Palm Bch FL 33401</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Barbieri, Nick 1020 Jennings Street Lantana FL 33462</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Wyatt, Larry 517 20th Ave North Lake worth FL 33460</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Bentley, Juanita 210 Shore Drive</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mrs Daniel Lillie 4845 Foxwood Drive West Palm Beach FL 33407</i>
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Wesley Holiday

5/1/03 (561) 790-9351

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)