FILEU SCURETARY OF STATE

## 2009 UNIFORM BUSINESS REPORT (UBR)

## DOC⊎MENT # N9700002662

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GL	ADES	<b>BASEBALL</b>	8	SOFTBALL	LEAGUE,	INC
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TIVISION OF COMPORATION 00 OCT -9 PM 12: 36 Mailing Address Principal Place of Business P O BOX 831346 10710 SW 52 TERRACE MIAMI FL 33283-1346 MIAMI FL 33165 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 65-0757373 \$8.75 Additional Country 5. Certificate of Status Desired Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RICANO, JORGE 10710 SW 52 TERRACE Zip Code MIAMI FL 33165 City 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 DATE SIGNATURE . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Department of State FEE IS \$61.25 Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change TITLE Delete **VPD** TITLE NAME NAME WILCOX, DAVID STREET ADDRESS STREET ADDRESS 5755 SW 116 AVE CITY-ST-ZIP CITY-ST-ZIP MIAML FL 33173 Addition Change TITLE Delete SD TITLE NAME NAME CARD, MARIE STREET ADDRESS STREET ADDRESS 8201-SW-58 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 Addition Change TITLE Delete TIFLE CD NAME STEMMER, SUSAN NAME STREET ADDRESS STREET ADDRESS 4420 SW 112 PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 Addition resident Change TITLE Delete TITLE Pat Diaz NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS 12. Thereby 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 frustee 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. CITY-ST-ZIP



## Glades Baseball & Softball League, Inc.

## KHOURY LEAGUE BASEBALL & SOFTBALL NONDENOMINATIONAL + NON-PROFIT

September 18, 2000

Division of Corporation- Reinstatements P.O. Box 6327 Tallahassee, FL 32314

Re: Glades Baseball & Softball League, Inc. (GBSL)

Please be advised that Michelle in your office instructed me to add the letter "D" to the "P" next to the addition of the new President, Pat Diaz, and resubmit the report accordingly. Additionally, please be advised that I never received any notification or returned report which was mailed from your office in May. As our check was cashed, I assumed the report was timely filed. Since I did not receive any notification to the contrary, I ask that you please waive any fines/assessments for late filing as the corporation's check was cashed and I never received any notice or returned report.

Should you need any additional information or should something else need revision, please call me immediately. Thank you in advance for your anticipated cooperation.

Marie Card

Marie P. Card

Secretary

(305) 446-3700 (work)

(305) 279-8169 (home)

(305) 299-3491 (cellular)

(800) 431-4689 (work)

mpc encl.