

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90305 001 \*\*\*\*61.25

**DOCUMENT # 743297**

1. Entity Name

**CORAL SPRINGS AMERICAN LITTLE LEAGUE, INC.**

Principal Place of Business

Mailing Address

10000 N.W. 29TH STREET  
P.O. BOX 8803  
CORAL SPRINGS FL 33065

10000 N.W. 29TH STREET  
P.O. BOX 8803  
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-0070026

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**POLISTINA, TERESA**  
**12101 NW 2ND DRIVE**  
**CORAL SPRINGS FL 33071**

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 **D** ☒ Delete  
NAME **POLISTINA, TERESA**  
STREET ADDRESS **12101 NW 2ND DRIVE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☒ Addition  
NAME **Alexander Mike**  
STREET ADDRESS **10650 NW 42nd Drive**  
CITY-ST-ZIP **Coral Springs FL 33065** (Director, President)

TITLE **D** ☒ Delete  
NAME **HALKUFF, RICK**  
STREET ADDRESS **1142 NW 116TH AVENUE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071** (VP)

TITLE ☐ Change ☒ Addition  
NAME **Laurence M. Kashdin**  
STREET ADDRESS **1935 NW 124th Ave**  
CITY-ST-ZIP **Coral Springs FL 33071** (Director, Treasurer)

TITLE **D** ☒ Delete  
NAME **MCMAHON, MICHELE**  
STREET ADDRESS **2870 NW 107TH AVENUE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE **D** ☐ Delete  
NAME **TERBOSS, JUDY**  
STREET ADDRESS **2330 NW 100 AVENUE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065** (VP)

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

(954) 647-7612

CR2E037 (9/01)