

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90117 013 ****61.25

DOCUMENT # **N96000005085**

1. Entity Name
ATLANTIC COAST UMPIRES ASSOCIATION, INC.



Principal Place of Business Mailing Address
4635 SE COMPASS WAY 4635 SE COMPASS WAY
STUART FL 34997 STUART FL 34997

2. Principal Place of Business 3. Mailing Address
1001 N US HWY ONE 1001 N US HWY ONE

Suite, Apt. #, etc. Suite, Apt. #, etc.
600 600

City & State City & State
JUPITER FL JUPITER FL

Zip Country Zip Country
33477 USA 33477

4. FEI Number **65-0704065** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, JEFFERY
4635 SE COMPASS WAY
STUART FL 34997

Name **HENRY Y. BLAKISTON**
Street Address (P.O. Box Number is Not Acceptable)
1001 N US HWY ONE SUITE 600

City **JUPITER** FL Zip Code **33477**

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 *Henry Y. Blakiston*

DATE **8/5/03**

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **FORTE, MIKE**
STREET ADDRESS **354 NE SURFSIDE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE **D** Change Addition
NAME **DAVID BROWN**
STREET ADDRESS **1818 SW CYCLE ST**
CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TITLE **D** Delete
NAME **ROTHWEILER, GARY**
STREET ADDRESS **1852 S.W. ALBERCA**
CITY-ST-ZIP **PORT-SAINT-LUCIE-FL: 34953**

TITLE Change Addition

TITLE **D** Delete
NAME **BLAKISTON, HENRY Y**
STREET ADDRESS **1001 N US HWY ONE, SUITE 600**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE Change Addition

TITLE **D** Delete
NAME **WEST, VINCE**
STREET ADDRESS **2460 SE WISHBONE ROAD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE Change Addition

TITLE **DP** Delete
NAME **ROTH, JEFFERY**
STREET ADDRESS **4635 S.E. COMPASS WAY**
CITY-ST-ZIP **STUART FL 34997**

TITLE Change Addition

TITLE **D** Delete
NAME **BILLINGS, RUSS**
STREET ADDRESS **1693 ARCH AVENUE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

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)(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: *Henry Y. Blakiston*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **8/5/03** DAYTIME PHONE # **861-747-2772**

0062607

CR2E037 (10/02)