

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007320

**Entity Name:** TEAM SWOOP YOUTH BASKETBALL ACADEMY, INC.

**Current Principal Place of Business:**

8751 WEST BROWARD BOULEVARD  
SUITE 410  
PLANTATION, FL 33324

**Current Mailing Address:**

8751 WEST BROWARD BOULEVARD  
SUITE 410  
PLANTATION, FL 33324

**FEI Number:** 47-1527710

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KLAUBER, ADAM  
8751 WEST BROWARD BOULEVARD  
SUITE 410  
PLANTATION, FL 33324 US

*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:** ADAM KLAUBER

04/14/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name HARDY, ALEN M  
Address 2829 SOUTHWEST 5TH STREET  
City-State-Zip: FT. LAUDERDALE FL 33312

Title T  
Name HARTMANN, MICHELLE  
Address 11345 NORTH POINT DRIVE  
City-State-Zip: COOPER CITY FL 33026

Title CEO  
Name KLAUBER, ADAM  
Address 8751 WEST BROWARD BOULEVARD,  
SUITE 410  
City-State-Zip: PLANTATION FL 33324  
  
Title SECRETARY  
Name KLAUBER, DEBRA  
Address 8751 WEST BROWARD BOULEVARD  
SUITE 410  
City-State-Zip: PLANTATION FL 33324

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ADAM KLAUBER

CEO

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date