

2020 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

07/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title	DIRECTOR OF SPORTS PERFORMANCE
Name	CARDONE, ZAC
Address	10384 WEST STATE ROAD 84
City-State-Zip:	DAVIE FL 33324

Title	CEO
Name	KLAUBER, ADAM
Address	8751 WEST BROWARD BOULEVARD, SUITE 410
City-State-Zip:	PLANTATION FL 33324
Title	TREASURER
Name	MURCIANO, FELICIA
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**DIRECTOR**

07/21/2020

Electronic Signature of Signing Officer/Director Detail

Date