

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734523

1. Entity Name

PLANTATION ATHLETIC LEAGUE, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90153 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 16303  
 PLANTATION FL 33318

P.O. BOX 16303  
 PLANTATION FL 33318-6303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7049795

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

STEARNS, LANEY--  
 5581 S W 13 ST  
 PLANTATION FL 33317

Name **CARY GREENBERG**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1441 NW 94 AVE**  
 City **PLANTATION** FL Zip Code **33322**

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 *Cary Greenberg, TREASURER* DATE 1/16/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

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TITLE: <input checked="" type="checkbox"/> Delete NAME: VD LOYD, TOM STREET ADDRESS: 7451 N W 7TH CT CITY-ST-ZIP: PLANTATION FL 33317	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: VD BZDEK, BILL STREET ADDRESS: 541 SW 63RD TERRACE CITY-ST-ZIP: PLANTATION, FL 33327
TITLE: <input checked="" type="checkbox"/> Delete NAME: PD STEARNS, LANE STREET ADDRESS: 5581 SW 13TH ST CITY-ST-ZIP: PLANTATION FL 33317	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: PD MARY COOPER STREET ADDRESS: 850 SW 87 AVE CITY-ST-ZIP: PLANTATION, FL 33324
TITLE: <input type="checkbox"/> Delete NAME: TD GREENBERG, CARY STREET ADDRESS: 432 E ACNE DR CITY-ST-ZIP: PLANTATION FL 33322	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 1441 NW 94 AVE CITY-ST-ZIP:
TITLE: <input checked="" type="checkbox"/> Delete NAME: SD NEUMAHM, CHERYL STREET ADDRESS: 432 E ACNE DR CITY-ST-ZIP: PLANTATION FL 33317	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SD 30 AMY GREENWOOD STREET ADDRESS: 7741 NW 13 COURT CITY-ST-ZIP: PLANTATION, FL 33322
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Cary Greenberg* **SIGNATURE REQUIRED** CARY GREENBERG 4/11/00 954-922-6000  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)