

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

FILED
Sep 03, 2003 8:00 am
Secretary of State

7/21

07-21-2003 90354 005 ****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

55055618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **16-0070026**

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

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

7. Name and Address of New Registered Agent

Name **Mike Alexander**

Street Address (P.O. Box Number is Not Acceptable)

10050 NW 42 Drive

City **Coral Springs**

FL

Zip Code **33065**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

7/17/03 6/29/03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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

TITLE **D** ☐ Delete
NAME **ALEXANDER, MIKE**
STREET ADDRESS **10050 NW 42 DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33305**

TITLE **D** ☐ Delete
NAME **LAWRENCE, K**
STREET ADDRESS **1835 NW 124 AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33071**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Lauren M. Kashden**
STREET ADDRESS
CITY-ST-ZIP **Coral Springs, FL**

TITLE **Vice President** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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)(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lauren M. Kashden 8/29/03 Treasurer

CR2E037 (4/03)