

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **745801** ✓

1. Corporation Name

**TAMARAC T-BALL, INC.**

Principal Place of Business

**TAMARAC PARK  
7501 N. UNIVERSITY DRIVE  
TAMARAC FL 33321  
US**

Mailing Address

**7802 NW 71ST ST  
TAMARAC FL 33321  
US**

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90027 009 \*\*\*\*61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26 <b>5919 Woodland Point Place</b>		02/02/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		59-2597643	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
3		28 <b>Tamarac, FL</b>		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip		Zip		Country	
4		25		29 <b>33329</b> 30 <b>USA</b>	

9. Name and Address of Current Registered Agent

**CLEAVER, ROBERT  
7802 NW 71ST ST  
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name **BOB BOOS**  
82 Street Address (P.O. Box Number is Not Acceptable) **5919 WOODLAND POINT PLACE**  
83  
84 City **TAMARAC** FL 85 Zip Code **33319**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/2/99**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CLEAVER, ROB</b>		1.2 NAME		
STREET ADDRESS	<b>7802 NW 71ST ST</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>		1.4 CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOOS, BOB</b>		2.2 NAME		
STREET ADDRESS	<b>5919 WOODLAND POINT PLACE</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>TAMARAC FL</b>		2.4 CITY-ST-ZIP	<b>33319</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LACOMBE, CAL</b>		3.2 NAME		
STREET ADDRESS	<b>8100 CIRCLE LN</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>		3.4 CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HYMAN, TANYA</b>		4.2 NAME		
STREET ADDRESS	<b>8103 N.W. 71 AVE.</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>		4.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JIM SHIPLEY</b>		5.2 NAME		
STREET ADDRESS	<b>3163 CORAL SPRINGS DR</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL SPRGS FL 33065</b>		5.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>JEFF GROSSMAN</b>		6.2 NAME	<b>Shelly Levine</b>	
STREET ADDRESS	<b>533 NW 87TH WAY</b>		6.3 STREET ADDRESS	<b>7003 NW 80 CT</b>	
CITY-ST-ZIP	<b>CORAL SPRGS FL 33071</b>		6.4 CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

**7/2/99 954-720-1991**

CR2E037 (1/98)

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