

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90459 013 ****61.25

DOCUMENT # 745801

1. Entity Name

TAMARAC T-BALL, INC.

Principal Place of Business

Mailing Address

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

**5919 WOODLAND POINT PLACE
 TAMARAC FL 33319-6271
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2597643

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

**BOOS, BOB
 5919 WOODLAND POINT PLACE
 TAMARAC FL 33319**

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **BOOS, BOB**
 CITY-ST-ZIP **5919 WOODLAND POINT PLACE
 TAMARAC FL 33319**

TITLE ☐ Change ☒ Addition
 NAME **Vice President**
 STREET ADDRESS **Marc Hyman**
 CITY-ST-ZIP **8103 NW 80 CT
 Tamarac, FL 33321**

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **LACOMBE, CAL**
 CITY-ST-ZIP **8100 CIRCLE LN
 TAMARAC FL 33321**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **HYMAN, TANYA**
 CITY-ST-ZIP **8103 N.W. 71 AVE.
 TAMARAC FL 33321**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LEVINE, SHELLY**
 CITY-ST-ZIP **7003 NW 80 CT
 TAMARAC FL 33321**

TITLE ☒ Change ☐ Addition
 NAME **Treasurer**
 STREET ADDRESS **Levine, Shelly**
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **JEFF GROSSMAN**
 CITY-ST-ZIP **533 NW 87TH WAY
 CORAL SPRGS FL 33071**

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

TITLE ☐ Delete
 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

Robert Boos

7/1/00

954-720-1981

Date

Daytime Phone #