

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

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90127 026 \*\*\*\*61.25

**DOCUMENT # 745801**

1. Entity Name

**TAMARAC T-BALL, INC.**



Principal Place of Business

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

Mailing Address

**7154 N UNIVERSITY DR  
# 153  
TAMARAC FL 33321  
US**

2. Principal Place of Business

3. Mailing Address

**9941 RED HEART LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMARAC, FL.**

4. FEI Number **59-2597643**

Applied For

Not Applicable

Zip

Country

**33321**

Country

**USA**

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, ROBERT  
7154 N UNIVERSITY DR  
# 153  
TAMARAC FL 33321**

Name

**ROBERTO LIBIO**

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

**9941 RED HEART LN**

City

**TAMARAC, FL.**

FL

Zip Code

**33321**

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

**Roberto Libio ROBERTO LIBIO President**

**9-2-03**

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**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete  
**P BOOS, ROBERT**  
STREET ADDRESS **10952 NW 21 ST**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE NAME ☒ Change ☐ Addition  
**ROB LIBIO, President**  
STREET ADDRESS **9941 RED HEART LN**  
CITY-ST-ZIP **TAMARAC, FL, 33321**

TITLE NAME ☐ Delete  
**T VP LEVINE, SHELLY**  
STREET ADDRESS **7003 N.W. 80TH COURT**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE NAME ☐ Change ☒ Addition  
**JOE Stauffer**  
STREET ADDRESS **secretary**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE NAME ☒ Delete  
**S BULLION, BRIDGET**  
STREET ADDRESS **1904 S.W. 87TH AVENUE**  
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE NAME ☐ Change ☒ Addition  
**SHAWN LEWIS**  
STREET ADDRESS **TREASURE**  
CITY-ST-ZIP **TAMARAC, FL. 33321**

TITLE NAME ☒ Delete  
**D MARCUM, STEVE**  
STREET ADDRESS **7501 N UNIVERSITY DR**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE NAME ☒ Change ☐ Addition  
**ROBERT BOOS**  
STREET ADDRESS **DIRECTOR**  
CITY-ST-ZIP **10952 NW 21 ST**

TITLE NAME ☒ Delete  
**D GEORGE, SANDRA**  
STREET ADDRESS **7705 S.W. 74TH AVENUE**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE NAME ☐ Change ☒ Addition  
**SALVATORE FIORE**  
STREET ADDRESS **DIRECTOR**  
CITY-ST-ZIP **7501 N. UNIVERSITY DR.**

TITLE NAME ☐ Delete  
**D LIBIO, ROB**  
STREET ADDRESS **7501 N. UNIVERSITY DRIVE**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE NAME ☐ Change ☒ Addition  
**GLEN KEATING**  
STREET ADDRESS **DIRECTOR**  
CITY-ST-ZIP **7501 N. UNIVERSITY**

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: **Roberto Libio**

**9-2-03**

**951-347-4321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)