

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767533

1. Entity Name

Tamiami Softball League, Inc.

Principal Place of Business

11201 SW 24 Street
Miami, Fl 33165

Mailing Address

11201 SW 24 Street
Miami, Fl 33165

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P. O. Box 6943

Suite, Apt. #, etc.

City & State

Hollywood, Fl 33061

Zip

33081

Country

U.S.A.

4. FEI Number

59-2113951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0050207

6. Name and Address of Current Registered Agent

Dean E. Polizzi
11201 SW 24 Street
Miami, Fl 33165

7. Name and Address of New Registered Agent

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

TITLE PVD ☐ Delete
NAME Polizzi, Dean E.
STREET ADDRESS 4200 Hillcrest Dr. #112
CITY-ST-ZIP Hollywood, Fl 33021

TITLE STD ☐ Delete
NAME Polizzi, Kathleen E.
STREET ADDRESS 4200 Hillcrest Dr. #112
CITY-ST-ZIP Hollywood, Fl 33021

TITLE D ☐ Delete
NAME Polizzi, Edward P.
STREET ADDRESS 3850 Washington St.
CITY-ST-ZIP Hollywood, Fl 33021

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

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

TITLE ☐ Change ☐ Addition
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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: Dean E. Polizzi Dean E. Polizzi

4-10-01 (954) 964-8329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)