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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000005435

1. Corporation Name

THE JOHN E. DOBBERTIN SCHOOL OF BASKETBALL, INC.

Principal Place of Business

11387-C W PALMETTO PK RD
BOCA RATON FL 33428

Mailing Address

11387-C W PALMETTO PK RD
BOCA RATON FL 33428



2. Principal Place of Business

21 22386 THOUSAND PINES LANE

2a. Mailing Address

26 22386 THOUSAND PINES LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BOCA RATON FL

27 BOCA RATON FL

City & State

City & State

23 33428 USA

28 33428 USA

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

10/16/1997

4. FEI Number

31-1564943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BLAIR, MARY
11387-C W PALMETTO PK RD
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

MARY CUOMO

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

22386 THOUSAND PINES LANE

83

BOCA RATON FL

84 City

FL

85 Zip Code

33428

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 *Mary Cuomo* MARY CUOMO

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

(NOTE: Registered Agent signature required when reinstating)

1/24/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PCSD
NAME DOBBERTIN, JOHN E
STREET ADDRESS 1219 JAMES ST
CITY-ST-ZIP SYRACUSE NY ☐ DELETE

TITLE VTD
NAME BLAIR, MARY
STREET ADDRESS 22413 SW 66TH AVE #603
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE D
NAME CUOMO, MARY M
STREET ADDRESS 22386 THOUSAND PINES LN
CITY-ST-ZIP BOCA RATON FL 33428 ☐ DELETE

TITLE D
NAME HOSACK, SUSAN M ESQ
STREET ADDRESS 1241 STEESE RD
CITY-ST-ZIP UNIONTOWN OH 44685 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Mary M Cuomo* MARY M CUOMO 1/24/99 5614778278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)