

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005517

1. Entity Name

BROWARD BASEBALL ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 936512
MARGATE FL 33063

Mailing Address

P.O. BOX 936512
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

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

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

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
After September 12, 2001, min. will be \$236.25

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 **D** ☐ Delete
NAME **PEGNATARO, FRANK**
STREET ADDRESS **5790 MARGATE BLVD.**
CITY-ST-ZIP **MARGATE FL 33063**

(TITLE) **PRESIDENT** ☒ Change ☐ Addition
(NAME) **PEGNATARO, FRANKO**
(STREET ADDRESS) **P.O. BOX 936512**
(CITY-ST-ZIP) **MARGATE FL 33063**

TITLE **D** ☐ Delete
NAME **MICHAEL, FRED**
STREET ADDRESS **7600 LYONS ROAD**
CITY-ST-ZIP **COCONUT CREEK FL 33069**

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

TITLE **D** ☐ Delete
NAME **PEGNATARO, JULIEANN**
STREET ADDRESS **5790 MARGATE BLVD.**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☒ Change ☐ Addition
NAME
(STREET ADDRESS) **P.O. Box 936512**
(CITY-ST-ZIP) **MARGATE FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 another like empowered.

SIGNATURE:

Franko PEGNATARO 0826-01292-8032 (954)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90142 029 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)