

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90125 021 \*\*\*61.25

**DOCUMENT # N00000007834**

1. Entity Name

**FLORIDA YOUTH BASEBALL ALLIANCE, INC.**



Principal Place of Business

**11983 S.W. 268TH TERRACE  
 NARANJA FL 33032**

Mailing Address

**11983 S.W. 268TH TERRACE  
 NARANJA FL 33032**

**CU072729**



DO NOT WRITE IN THIS SPACE

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

**65-1060588**

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

**MASON, DAN  
 11983 S.W. 268TH TERRACE  
 NARANJA FL 33032**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MASON, DAN	
STREET ADDRESS	11983 S.W. 268TH TERRACE	
CITY-ST-ZIP	NARANJA FL 33032	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STOKE, WYLIE	
STREET ADDRESS	7801 NW 40TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARISTANY, CARLOS	
STREET ADDRESS	17568 SW 11TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHAFFNER, STEVE	
STREET ADDRESS	12291 SW 207TH STREET	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, MARK	
STREET ADDRESS	8321 NW 17TH COURT	
CITY-ST-ZIP	PEMBROKE FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, NICK	
STREET ADDRESS	690 EAST 57TH STREET	
CITY-ST-ZIP	HIALEAH FL 33020	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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**

**5 July 01**

CR2E037 (5/01)