

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90131 002 ****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**

2. Principal Place of Business

695 SE 29 Dr

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

City & State

SAME

Zip

33033-5750

Country

USA

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

MASON, DAN

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

7. Name and Address of New Registered Agent

Name

PAT MASON

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

695 SE 29 Dr

City

HOMESTEAD

FL

Zip Code

33033-5750

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

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

(NOTE: Registered Agent signature required when reinstating)

8/12/02
 DATE

**After September 13, 2002,
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MASON, DAN 11983 S.W. 268TH TERRACE NARANJA FL 33032 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOKE, WYLIE 7801 NW 40TH STREET HOLLYWOOD FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARISTANY, CARLOS 17568 SW 11TH STREET PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHAFFNER, STEVE 12291 SW 207TH STREET MIAMI FL 33177 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, MARK 8321 NW 17TH COURT PEMBROKE FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, NICK 690 EAST 57TH STREET HIALEAH FL 33020 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAT MASON 695 SE 29 Dr HOMESTEAD, FL 33033-5750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

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: PAT MASON REQUIRED

8/12/02 305-258-2755

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DO NOT WRITE IN THIS SPACE