

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000006207

1. Entity Name

COUGAR BASEBALL CLUB, INC.

Principal Place of Business

3910 NW 20 ST
COCONUT CREEK FL 33066

Mailing Address

3910 NW 20 ST
COCONUT CREEK FL 33066

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

65-1138789

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

Name

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

City

FL

Zip Code

BIRKHIMER, PATRICIA
3910 NW 20 ST
COCONUT CREEK FL 33066

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rick Abraham D 717 NW 70 way Margate FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jennifer Seely D 6371 SW 1st Margate FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kelly Frey D 711 NW 69 4th Margate FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Patricia Birkhimer 3910 NW 20 St Coconut Creek FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-28-2002 91691 016 ****61.25

37565



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)