

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

03-03-2003 90850 009 *****70.00

DOCUMENT # N02000005821

1. Entity Name

TAMARAC CO-ED SOFTBALL INC.



Principal Place of Business

**9941 RED HEART LANE
TAMARAC FL 33321**

Mailing Address

**9941 RED HEART LANE
TAMARAC FL 33321**

55056175

2. Principal Place of Business

8100 NW 104TH AVE.

3. Mailing Address

8100 NW 104TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

TAMARAC, FL

City & State

TAMARAC, FL

4. FEI Number

27-0024889

Applied For

Not Applicable

Zip **33321**

Country

Florida

Zip **33321**

Country

Florida

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LIBIO, ROBERTO
9941 RED HEART LANE
TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name **JUDITH PATINO**

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

8100 NW 104TH AVE.

City **TAMARAC**

FL

Zip Code

33321

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]

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

(NOTE: Registered Agent signature required when reinstating)

2/28/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **HURTER, MICKEY**
STREET ADDRESS **7104 NW 80 AVE**
CITY-ST-ZIP **TAMARAC FL 33321**

☐ Delete

TITLE **DV**
NAME **RODRIGUE, JON**
STREET ADDRESS **5922 PLUM AY PKWY**
CITY-ST-ZIP **TAMARAC FL 33321**

☐ Delete

TITLE **DT**
NAME **LIBIO, ROBERTO**
STREET ADDRESS **9941 RED HEART LANE**
CITY-ST-ZIP **TAMARAC FL 33321**

☒ Delete

TITLE **DS**
NAME **DIVALDES, PATRICIA D**
STREET ADDRESS **8109 NW 94 LN**
CITY-ST-ZIP **TAMARAC FL 33321**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DT**
NAME **PATINO, JUDITH**
STREET ADDRESS **8100 NW 104TH AVE**
CITY-ST-ZIP **TAMARAC, FL 33321**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/03

CR2E037 (10/02)