

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

03-31-2003 90203 019 ****70.00

DOCUMENT # N02000006738

1. Entity Name

CORAL SPRINGS TOURNAMENT BASKETBALL ASSOCIATION, INCORPORATED



Principal Place of Business

**4985 NW 120 AVE
CORAL SPRINGS FL 33076**

Mailing Address

**4985 NW 120 AVE
CORAL SPRINGS FL 33076**

55027130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-3086883

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LAUGHLIN, JAMES M
4985 NW 120 AVE
CORAL SPRINGS FL 33076**

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. 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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P LAUGHLIN, JAMES M	4985 NW 120 AVE	CORAL SPRINGS FL 33076	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	SECRETARY / TREASURER	MICHAEL GLASS	5336 NW 119 TERR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		CORAL SPRINGS FL 33076			<input type="checkbox"/>
	V.P. CARLOS LEYVA	11952 NW 54 PL	CORAL SPRINGS, FL 33076	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	V.P. BRAD KREMBLAS	5104 NW 112 WAY	CORAL SPRINGS, FL 33076	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	V.P. MARTIN DURBIN	7809 NW 40 CT	CORAL SPRINGS, FL 33065	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	V.P. MICHAEL SHELDON	3091 NW 111 AVE	CORAL SPRINGS, FL 33065	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 life empowered.

SIGNATURE

JAMES LAUGHLIN

2-23-03

954 757085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)