

Attachment#
[REDACTED]
N02000008210

FILED
Jul 11, 2003 8:00 am
Secretary of State

05-19-2003 90225 046 ****61.25

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

DOCUMENT # N02000008210			
1. Entity Name CITRUS COUNTY BASKETBALL LEAGUE, INC.			
Principal Place of Business 5020 N WESTERN DRIVE HERNANDO, FL 34442		Mailing Address POST OFFICE BOX 180 HOLDER, FL 34445	
1. Principal Place of Business 5020 N Western Dr		3. Mailing Address PO Box 180	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State Hernando - FL		City & State Holder FL	
Zip 34442		Country USA	
4. FEI Number 431979218		Applied For Not Applicable	
5. Certificate of Status Desired		Fee Required \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, MARK A 5020 N WESTERN DRIVE HERNANDO, FL 34442		7. Name and Address of New Registered Agent 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 <i>Mark A Scott</i> Mark A Scott DATE 5-15-03	
FILE NOW! FEE IS \$51.25		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P SCOTT, MARK A 5020 NORTH WESTERN DRIVE HERNANDO, FL 34442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BAIZE, MIKE 2001 WEST BEGRADE DRIVE CITRUS SPRINGS, FL 34434 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP LAYTART, CURTIS D 5020 NORTH WESTERN DRIVE HERNANDO, FL 34442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S BAIZE, DIANA 2001 WEST BEGRADE DRIVE CITRUS SPRINGS, FL 34434 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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)(f), 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 817, 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: <i>Mark A Scott</i> Mark A Scott		5-15-03 (352)123413	

55051019