

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000009208	
1. Entity Name BRONCO BASEBALL CLUB OF DAVIE, INC.	

Principal Place of Business 707 SE 3RD AVE - THIRD FLOOR FT LAUDERDALE, FL 33316-1155	Mailing Address 707 SE 3RD AVE - THIRD FLOOR FT LAUDERDALE, FL 33316-1155
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DO NOT WRITE IN THIS SPACE



04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5498413	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOSEPH L. BERNSTEIN, P.A. 707 SE 3RD AVE - THIRD FLOOR FT LAUDERDALE, FL 33316-1155

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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.

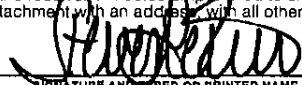
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	U0000003420520 05/02/08-90062-012 61.25
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEITER, STEVEN J 707 SE 3RD AVE - THIRD FLOOR FT LAUDERDALE, FL 333161155
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	4/29/08	(954) 462-3116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #