

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18851

1. Entity Name

BOCA RATON YOUTH BASEBALL, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90171 032 ****61.25

Principal Place of Business

4620 NW. 1 AVE #51
BOCA RATON FL 33431

Mailing Address

P O BOX 810422
BOCA RATON FL 33481-0422

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0071553

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

D'ANTONIO, NELSON N
4125 NW 24TH AVE
BOCA RATON FL 33431

Name

Robert O'Connell

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

1160 SW 20 Ave

City

Boca Raton

FL

Zip Code

33486

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

ROBERT E. O'CONNELL, TREASURER

1-6-2000

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 PD ☐ Delete

NAME MEEK, DAVID

STREET ADDRESS 23411 SAN REMO DR

CITY-ST-ZIP BOCA RATON FL 33433

TITLE VD ☒ Delete

NAME KERISCH, CHRIS

STREET ADDRESS 2676 NW 45 ST

CITY-ST-ZIP BOCA RATON FL 33433

TITLE TD ☐ Delete

NAME O'CONNELL, ROBERT

STREET ADDRESS 1160 SW 20 AVE

CITY-ST-ZIP BOCA RATON FL 33486

TITLE SD ☐ Delete

NAME CARUSO

STREET ADDRESS 21800 BANYANWOOD RD

CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition

NAME SIM ALFORD

STREET ADDRESS 1246 SW 13 Place

CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

01/06/2000

Date

954-480-9100

Daytime Phone #

CR2E037 (9/99)