

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18851

1. Entity Name

BOCA RATON YOUTH BASEBALL, INC.

Principal Place of Business

4620 NW. 1 AVE #51
BOCA RATON FL 33431

Mailing Address

P O BOX 810422
BOCA RATON FL 33481

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0071553

Applied For

Not Applicable

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

O'CONNELL, ROBERT
1160 S.W. 20 AVE.
BOCA RATON FL 33486

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.

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
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME ALFORD, JIM
STREET ADDRESS 1246 S.W 13 PLACE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME DAVIS, BRIAN
STREET ADDRESS 2641 NW 41 ST
CITY-ST-ZIP BOCA RATON FL 33434

TITLE TD ☐ Change ☒ Addition
NAME Jim Cruickshank
STREET ADDRESS 20810 SONRISA WAY
CITY-ST-ZIP BOCA RATON FL 33434

TITLE SD ☐ Delete
NAME STANIEWICZ, LUCY
STREET ADDRESS 3048 NW 27 TERR
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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

David Meek 1-21-02 954-480-9100

Date

Daytime Phone #

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90010 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)