

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90380 030 \*\*\*\*61.25

**DOCUMENT # N24477**

1. Entity Name

**EASTCOAST BASKETBALL OFFICIALS ASSOCIATION, INC.**

Principal Place of Business

2135 SOUTH CONGRESS AVE  
SUITE 3C  
WEST PALM BEACH FL 33406  
US

Mailing Address

17370 128TH TRAIL NORTH  
JUPITER FL 33478  
US

2. Principal Place of Business

3. Mailing Address

3928 Flag Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Beach Gardens, FL

4. FEI Number

65-0023193

Applied For

Not Applicable

Zip

Country

Zip

Country

33410

U.S.

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

**MEGIAS, CARLOS**  
2135 SOUTH CONGRESS AVE. #3C  
WEST PALM BEACH FL 33406

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President**  
**WILLIAMS, RUSSELL**  
1704 CHADWICK COURT  
LANTANA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director**  
**Andrea Harper**  
PO Box 1992  
West Palm Beach ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**ARNETTE, BERNARD**  
4336 FOREST HILL BLVD., #167  
W PALM BCH FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director**  
**Anthony Payne**  
112 E. 23rd St.  
Riviera Beach, FL 33404 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**CARTER, RICK**  
17370 128TH TRAIL NORTH  
JUPITER FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director**  
**DAVE Miller**  
6027 Adams Street  
Palm Beach Gardens, FL 33410 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer**  
**ERWIN, JOE**  
6663 LAKE ISLAND DR  
LAKE WORTH FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Branch Secretary**  
**Jeff Johansen**  
3928 Flag Dr  
Palm Beach Gardens, FL 33410 ☐ Delete **Addition**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President**  
**Joe Liguori**  
10578 Ferntree Way  
Boynton Beach, FL 33436 ☐ Delete **Addition**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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)(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

Date

Daytime Phone #

4/23/01 405 561-969-3344

CR2E037 (10/00)