

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29365

1. Entity Name

WEST BOCA SOUTHWEST COUNTY LITTLE LEAGUE INC.

FILED

Jun 09, 2000 8:00 am

Secretary of State

06-09-2000 90010 024 \*\*\*\*61.25

Principal Place of Business  
 9771 RICHMOND CIRCLE  
 BOCA RATON FL 33434  
 US

Mailing Address  
 10763 Shady Pond Lane  
 Boca Raton, FL 33428  
 US

2. Principal Place of Business  
 10763 Shady Pond Lane  
 Boca Raton, FL 33428

3. Mailing Address  
 10763 Shady Pond Lane  
 Boca Raton, FL 33428

Suite, Apt. #, etc.  
 10763 Shady Pond Lane

Suite, Apt. #, etc.  
 Boca Raton

City & State  
 Boca Raton, FL

City & State  
 FL

Zip  
 33428

Country  
 USA

Zip  
 33428

Country  
 USA

6. Name and Address of Current Registered Agent

TRICK, WILLIAM W JR.PA  
 1216 E. ATLANTIC BLVD., STE 7  
 POMPANO BEACH FL 33060



DO NOT WRITE IN THIS SPACE

4. FEI Number  
 65-0094087

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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.

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	TD BICKEL, MARK 9117 AFFIRMED LANE BOCA RATON FL 33496	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7b Christine Marek 10763 Shady Pond Lane Boca Raton, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEXANDRICH, RAY 9771 RICHMOND CIRCLE BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pb Pati Sherhag 10565 Ermita Ave Boca Raton, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRATH, ROBERT 9599 LANCASTER PLACE BOCA RATON FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOBTNER, BRUCE 22220 WATERSLIDE CIR. BOCA RATON FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAPLAN, STACEY 11189 HARBOR SPRING CIR. BOCA RATON FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Christine Marek Christine Marek 5/15/00 561-703-6416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)