

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29365

1. Entity Name

WEST BOCA SOUTHWEST COUNTY LITTLE LEAGUE INC.

Principal Place of Business

10763 SHADY POND LANE
BOCA RATON FL 33428
US

Mailing Address

10763 SHADY POND LANE
BOCA RATON FL 33428
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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

TITLE TD ☐ Delete
NAME CHRISTINE, MAREK
STREET ADDRESS 10763 SHADY POND LANE
CITY-ST-ZIP BOCA RATON FL 33428

TITLE PD ☐ Delete
NAME SHERHAG, PATI
STREET ADDRESS 10565 ERMINE AVE
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ Delete
NAME MCGRATH, ROBERT
STREET ADDRESS 9599 LANCASTER PLACE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE VD ☐ Delete
NAME GOBTNER, BRUCE
STREET ADDRESS 22220 WATERSLIDE CIR.
CITY-ST-ZIP BOCA RATON FL 33428

TITLE SD ☒ Delete
NAME KAPLAN, STACEY
STREET ADDRESS 11189 HARBOR SPRING CIR.
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Peter Kaplan
CITY-ST-ZIP 11189 Harbor Springs Circle
Boca Raton FL, 33428

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:

Christine Marek

4/24/01

501-479-2963

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90023 017 ****70.00

550384



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

CR2E037 (10/00)