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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90079 007 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N30947

1. Corporation Name  
**GREATER CORAL SPRINGS MEN'S SENIOR BASEBALL LEAGUE, INC.**

181270-90079-7

Principal Place of Business  
 2855 UNIVERSITY DRIVE #110  
 CORAL SPRINGS FL 33065  
 US

Mailing Address  
 2855 UNIVERSITY DR.  
 110  
 CORAL SPRINGS FL 33065  
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2825 UNIVERSITY DR.	26 2825 UNIVERSITY DR.	03/01/1989
22 Suite, Apt. #, etc. 350	27 Suite, Apt. #, etc. 350	4. FEI Number 65-0101305
23 City & State CORAL SPRINGS FLORIDA	28 City & State CORAL SPRINGS FLORIDA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33065	29 Zip 33065	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUZIM, RONALD A. <del>2055 UNIVERSITY DRIVE #110</del> 2825 UNIVERSITY DR. #350 CORAL SPRINGS FL 33065	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUZIM, RONALD A.	1.2 NAME	
STREET ADDRESS	<del>2055 UNIVERSITY DR., #110</del> 2825 UNIVERSITY DR. #350	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPMAN, LLOYD	2.2 NAME	
STREET ADDRESS	11362 NW 10TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY GIBELL	3.2 NAME	
STREET ADDRESS	8415 FOREST HILLS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] **REQUIRE** President Date: 2/16/99 Daytime Phone #: 954 7551500

CR2E037 (1/198)