

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30947

1. Entity Name

GREATER CORAL SPRINGS MEN'S SENIOR BASEBALL LEAG

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90008 015 ****61.25

Principal Place of Business

2825 UNIVERSITY DRIVE
#350
CORAL SPRINGS FL 33065
US

Mailing Address

2825 UNIVERSITY DRIVE
#350
CORAL SPRINGS FL 33065
US

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

65-0101305

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

LUZIM, RONALD A.

~~2855 UNIVERSITY DRIVE #110~~ 2825 UNIVERSITY DR. #350
CORAL SPRINGS FL 33065

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
After September 13, 2000 min. will be \$236.25

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 DP ☐ Delete
NAME LUZIM, RONALD A.
STREET ADDRESS ~~2855 UNIVERSITY DR., #110~~
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2825 UNIVERSITY DR. #350
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LIPMAN, LLOYD
STREET ADDRESS 11362 NW 10TH PLACE
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE D ☐ Delete
NAME BARRY GIBELL
STREET ADDRESS 8415 FOREST HILLS DRIVE
CITY-ST-ZIP CORAL SPRINGS FL

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

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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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00
Date

354 755 1500
Daytime Phone #

CR2E037 (5/00)