2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # N30947** GREATER CORAL SPRINGS MEN'S SENIOR BASEBALL LEAG 2-28-2001 90123 005 ****61.25 Principal Place of Business Mailing Address 2825 UNIVERSITY DRIVE 2825 UNIVERSITY DRIVE #350 #350 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0101305 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LUZIM. RONALD A. 2825 UNIVERSITY DRIVE # 300- 350 CORAL SPRINGS FL 33065 City Zip Code FL 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 9. Election Campaign Financing FILE NOW: Make Check Payable to -\$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP CR2E037 (10/00) TITLE TITLE [] Change Addition ☐ Delete NAME LUZIM, RONALD A. NAME STREET ADDRESS 2825 UNIVERSITY DRIVE # 350 STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP **CORAL SPRINGS FL** ☐ Delete Change ___ Addition TITLE TITLE LIPMAN, LLOYD NAME STREET ADDRESS 11362 NW 10TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** D ☐ Delete Change Addition TITLE TITLE BARRY GIBELL NAME NAME STREET ADDRESS 8415 FOREST HILLS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete TITLE [] Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fifing does not qualify or 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 a statute of the corporation of 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 a statute of the response of the corporation of the receiver or trustee empowered to execute this 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 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 is true to execute 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 is true to the same legal effect as if made under oath; that I am an officer or director of the corporation or the same legal effect as if made under oath; that I am an officer or director of the corporation or the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the corporation