

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90107 041 ****61.25

DOCUMENT # N30947

1. Entity Name

GREATER CORAL SPRINGS MEN'S SENIOR BASEBALL LEAGUE, INC.

Principal Place of Business

Mailing Address

~~2825 UNIVERSITY DRIVE~~
~~#350~~
 CORAL SPRINGS FL 33065
 US

~~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

9900 W. SAMPLE RD #
 #400

CORAL SPRINGS FLORIDA

33065

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.

~~2825 UNIVERSITY DRIVE # 300~~
 CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

9900 W. SAMPLE RD #400

City CORAL SPRINGS

FL

Zip Code

33065

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 DP
 NAME LUZIM, RONALD A.
 STREET ADDRESS 2825 UNIVERSITY DRIVE # 350
 CITY-ST-ZIP CORAL SPRINGS FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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 empowers.

SIGNATURE:

REQUIRED

1/11/02

954 755 1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)