

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90067 032 ****61.25

5961200

DOCUMENT # N30947

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



Principal Place of Business
~~2025 UNIVERSITY DRIVE~~
~~#350~~
CORAL SPRINGS FL 33065
US

Mailing Address
9900 W SAMPLE RD
STE 400
CORAL SPRINGS FL 33065
US

2. Principal Place of Business
9900 W. SAMPLE RD #400

Suite, Apt. #, etc.

City & State
CORAL SPRINGS

Zip
33065

Country
U.S.A.



CHECK HERE IF MAKING CHANGES

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

LUZIM, RONALD A.
9900 W SAMPLE RD
CORAL SPRINGS FL 33065

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP LUZIM, RONALD A.	<input type="checkbox"/> Delete
STREET ADDRESS	2025 UNIVERSITY DRIVE # 350	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE NAME	D LIPMAN, LLOYD	<input type="checkbox"/> Delete
STREET ADDRESS	11362 NW 10TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE NAME	D BARRY GIBELL	<input type="checkbox"/> Delete
STREET ADDRESS	8415 FOREST HILLS DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9900 W. SAMPLE ROAD #400	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **2/27/03**

CR2E037 (10/02)