

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N43262** (7)

1. Corporation Name

TAMARAC YOUTH BASKETBALL, INC.



Principal Place of Business

Mailing Address

**8320 NW 53RD COURT
LAUDERHILL FL 33351
US**

**8320 NW 53RD COURT
LAUDERHILL FL 33351
US**

3. Date Incorporated or Qualified
05/06/1991

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number

65-0490620

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GASMAN, KEITH A ESQUIRE
2929 E. COMMERCIAL BLVD., SUITE 702
FORT LAUDERDALE FL 33308**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD SAUNDERS, TIMOTHY**
STREET ADDRESS **8320 NW 53RD COURT**
CITY - ST - ZIP **LAUDERHILL FL**

TITLE ☐ DELETE
NAME **VD ELDERKIN, MICHAEL**
STREET ADDRESS **4914 NW 91ST TERRACE**
CITY - ST - ZIP **SUNRISE FL**

TITLE ☐ DELETE
NAME **STD URBAND, SANDY**
STREET ADDRESS **7761 NW 53RD ST**
CITY - ST - ZIP **LAUDERHILL FL**

TITLE ☐ DELETE
NAME **TD SAUNDERS, TIM**
STREET ADDRESS **8320 N.W. 53RD COURT**
CITY - ST - ZIP **LAUDERHILL FL 33351**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD HILL, TOM**
1.3 STREET ADDRESS **1002 NW 73 AVE**
1.4 CITY - ST - ZIP **TAMARAC, FL 33321**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SD URBANO, SANDY**
3.3 STREET ADDRESS **7761 NW 53RD ST**
3.4 CITY - ST - ZIP **LAUDERHILL FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **TD SAUNDERS, TIM**
4.3 STREET ADDRESS **8320 NW 53RD COURT**
4.4 CITY - ST - ZIP **LAUDERHILL FL 33351**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/8/96

954-846-6605