FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am DOCUMENT # **N44905 Secretary of State** 1. Entity Name 02-26-2002 90054 015 ****61.25 TAMARAC GIRLS SOFTBALL, INC. Principal Place of Business Mailing Address 1573 NE 28TH ST 1573 NE 28TH ST POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0334423 Not Applicable Zip →Zip Country Country \$8.75 Additional ---5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **LOCKE, L D** 1573 NE 28TH ST POMPANO BEACH FL 33064 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Addition TITLE ☐ Delete NAME LOCKE, L D NAME STREET ADDRESS STREET ADDRESS 1573 NE 28TH ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 Change Addition TITLE TITLE Joseph Plemondon NAME BONAFINO, STEVE STREET ADDRESS STREET ADDRESS 300 NW 107TH AVE Tamarac, FL 33319 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete TITLE Change Addition TITLE NAME PLEMANDON, DEBBIE NAME STREET ADDRESS STREET ADDRESS 2 PLEASANT HILL LANE CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33319 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME MOCHA, ALLYSON STREET ADDRESS STREET ADDRESS 7020 WOODMONT AVE CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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: