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

DOCUMENT # N44905

1. Entity Name

TAMARAC GIRLS SOFTBALL, INC.



FILED Feb 11, 2003 8:00 am Secretary of State

02-11-2003 90067 003 ****61.25

		GOO WE THE			
Principal Place of Business 1573 NE 28TH ST POMPANO BEACH FL 33064 US	Mailing Address 1573 NE 28TH ST POMPANO BEACH FL 33064 US		 	âlk albia i bhii falbh ann albii 1	1211 81811 81814 81814 81811 1181
2. Principal Place of Business HII Gove	Shill Love 3. Mailing Address Pleasant Hill		ANC THE REPORT OF THE PART OF		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKIN	IG CHANGES
Fix& State arac FL	City & State Tamarac FL		4. FEI Number 65-0334423 Applied For Not Applicable		
333 19 Country	Zip 233319 E	ountry S	5. Certificate of Sta	atus Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			_7,_Name and Address of New Registered Agent		
LOCKE, L D 1573 NE 28TH ST POMPANO BEACH FL 33064		2 Plea City Tam	perNumber if SANT H arac	terrionda il Lan F	- 1 2201 1
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE SIGNATURE IDUATURE, typed or pfinted name of registered agent age	lemondo	•	EPH Plem	ne state of Florida. Fan	1-03
FILE NOW: FEE IS \$61.25 9. Election Campaign Fi Trust Fund Contribution		ution.	\$5.00 May Be Added to Fees	Florida Depa	ck Payable to artment of State
10. OFFICERS AND DIF	RECTORS 11	·^	ADDITIONS/CHANGE	ES TO OFFICERS AND D	DIRECTORS IN 10
TITLE PD LOCKE, L D STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064	ST	ME JOSE REET ADDRESS ZPI	eph fleme easant H narac F	ondon ill Lane EL 33319	☐ Change ★Addition
TITLE VD NAME PLEMONDON, JOSEPH	Delete -TII	TE VD	en Elles		Change Addition

STREET ADDRESS 6110 NW 755T MARGATE FL 33063 STREET ADDRESS 2 PLEASANT HILL LANE TAMARAC FL 33319 CITY-ST-ZIP TITLE SCORK Change 40 NW 66 terr PLEMANDON, DEBBIE NAME narac FL 33321 2 PLEASANT HILL LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33319 CITY-ST-ZIP 1000 Huffman 8553 NW 81-CT TITLE ☐ Change MOCHA, ALLYSON NAME NAME STREET ADDRESS 7020 WOODMONT AVE STREET ADDRESS Coralspys, FC 33071 CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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:

Joseph Plemondon