

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91270 014 ****61.25

DOCUMENT # N93000000071

1. Entity Name

FLORIDA BASKETBALL & VOLLEYBALL ASSOCIATION, INC

Principal Place of Business

Mailing Address

**1626 S. CONWAY RD.
 STE B
 ORLANDO FL 32812**

**PO BOX 561420
 ORLANDO FL 32856-1420**

433187



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3160213

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

**BASILE, JOHN J
 6745 MEDITER4RANEAN ROAD
 ORLANDO FL 32822**

Name **BASILE, JOHN J.**
 Street Address (P.O. Box Number is Not Acceptable)

708-E. SOUTH CONWAY RD

City **ORLANDO, FL** Zip Code **32807**

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 ☐ Delete
 NAME **D GERST, RICHARD**
 STREET ADDRESS **5113 HEATHERSTONE DR**
 CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE ☐ Change ☒ Addition
 NAME **PRESIDENT
 BASILE JOHN J.**
 STREET ADDRESS **708-E SOUTH CONWAY RD.**
 CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE ☐ Delete
 NAME **DT HOFMA, EDWARD**
 STREET ADDRESS **3806 WILDWOOD AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D NORRIS, COLLEEN K.**
 STREET ADDRESS **3140 HEATHGATE COURT**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D NICKELS, ANDREW**
 STREET ADDRESS **5111 MILLSTREAM ROAD**
 CITY-ST-ZIP **OCOE FL 34734**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D ROBB, JOHN**
 STREET ADDRESS **2709 HARGILL**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D RICKMAN, WAYNE**
 STREET ADDRESS **2600 TIMBERLAKE DR**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Change ☐ Addition
 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 empowered.

SIGNATURE: [Signature] NICKELS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 (407) 296-5455

Date Daytime Phone #

CR2E037 (9/01)