

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

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90109 044 ****70.00

0005111

DOCUMENT # N93000000071

1. Entity Name

FLORIDA BASKETBALL & VOLLEYBALL ASSOCIATION, INC



Principal Place of Business

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

Mailing Address

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

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

**BASILE, JOHN J
708-E SOUTH CONWAY RD.
ORLANDO FL 32807**

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
After September 10, 2003, min will be \$236.25**

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2325 Doulton Drive**
CITY-ST-ZIP **Orlando FL 32812**

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

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

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

TITLE **P/D** ☐ Change ☒ Addition
NAME **BASILE, JOHN J.**
STREET ADDRESS **708-E South Conway Road**
CITY-ST-ZIP **Orlando, FL 32807**

TITLE **D** ☐ Delete
NAME **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 of John J. Basile
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08.21.03

407.898.1669

CR2E037 (4/03)