

2000 UNIFORM BUSINESS REPORT (UBR)

2/8/00-90073-006-\$61.25-\$61.25

DOCUMENT # N93000000242

1. Entity Name

GREENACRES LITTLE LEAGUE BASEBALL, INC.

Principal Place of Business

Mailing Address

4TH ST AND PERRY AVE
GREENACRES FL 33463
US

P.O. BOX 5382
LAKE WORTH FL 33466-5382
US

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

65-0382346

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SILK, CAROL L
5802 CHANNEL DRIVE
GREENACRES FL 33463

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	T	<input type="checkbox"/> Delete
NAME	SILK, CAROL L	
STREET ADDRESS	5802 CHANNEL DRIVE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SILK, KEITH	
STREET ADDRESS	5802 CHANNEL DR	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ATKINS, DENNIS	
STREET ADDRESS	5600 SOUTH 35TH COURT	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, GRACE	
STREET ADDRESS	4379 NICIA WAY	
CITY-ST-ZIP	GREENACRES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Wood	
STREET ADDRESS	421 Fleming Ave.	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE	Player Agent	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Hume	
STREET ADDRESS	5983 Nottingham Road	
CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

CAROL L. SILK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00 (561) 964-6945

Date

Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)