

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

**FILED**  
**May 28, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90251 029 \*\*\*\*61.25

**DOCUMENT # N93000001818**

1. Entity Name

**PERRINE BASEBALL AND SOFTBALL ASSOCIATION, INC.**



Principal Place of Business

20155 FRANJO RD.  
MIAMI FL 33189  
US

Mailing Address

C/O FRANCINE TEGZES, CPA  
P.O. BOX 570669  
MIAMI FL 33257-0669

**44002803**



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 **65-0359989**

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

**TEGZES, FRANCINE E**  
**8207 SW 124 ST**  
**MIAMI FL 33156**

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 (need or print name of registered agent and file 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KADEL, KURT	
STREET ADDRESS	9280 SW 190 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VPO	<input checked="" type="checkbox"/> Delete
NAME	ROY, PHILLIP	
STREET ADDRESS	9240 NAUTILUS RD	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	TO	<input type="checkbox"/> Delete
NAME	KEEBLER, DAVID	
STREET ADDRESS	7680 SW 170 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THIEFAULT, ALAN	
STREET ADDRESS	8910 SW 200 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronnie Young	
STREET ADDRESS	19781 SW 101 Court	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	Secretary/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Chadwell	
STREET ADDRESS	18720 SW 89 Road	
CITY-ST-ZIP	Miami, FL 33157	
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		

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:

**David Keebler, Treasurer**

**05/01/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

786 372 0193

CR2E037 (10/02)