

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90008 038 ****61.25

DOCUMENT # N93000004672

1. Entity Name

CORAL SPRINGS TEE BALL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4961 N UNIVERSITY DR
 SUITE 453
 CORAL SPRINGS FL 33067
 US

4691 N UNIVERSITY DR
 SUITE 453
 CORAL SPRINGS FL 33067-4620
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0455477

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BECKER, MICHAEL J
 7691 N. UNIVERSITY DR.
 CORAL SPRINGS FL

NICK BECKER

4630 N. UNIVERSITY DR #453

Coral Springs

FL

33067

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

4-25-00

Signature of Registered Agent or Director 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	D	<input checked="" type="checkbox"/> Delete
NAME	PITTS, JAY	
STREET ADDRESS	4691 N UNIVERSITY DR, 458	
CITY-ST-ZIP	CORAL SPGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, THOMAS	
STREET ADDRESS	4691 UNIVERSITY DR.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILKERSON, JERRY	
STREET ADDRESS	4691 N. UNIVERSITY DR.	
CITY-ST-ZIP	CORAL SPRINGS 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK EVELD	
STREET ADDRESS	4630 N. UNIVERSITY DR #453	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES BARLOW	
STREET ADDRESS	4630 N. UNIVERSITY DR #453	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES DONNELLY	
STREET ADDRESS	4630 N. UNIVERSITY DR #453	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICK BECKER	
STREET ADDRESS	4630 N UNIVERSITY DR #453	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
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, without other like empowered.

SIGNATURE

REQUIRED

4-25-00

954-345-2255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)