

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000251 (8)

1. Corporation Name

SOUTH FLORIDA COLLEGE BASEBALL UMPIRES ASSOCIATION, INC.



Principal Place of Business

**14600 KENDALE LAKES BLVD.
MIAMI FL 33183**

Mailing Address

**14600 KENDALE LAKES BLVD.
MIAMI FL 33183**

3. Date Incorporated or Qualified
01/19/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEEN, ALAN
14600 KENDALE LAKES BLVD.
MIAMI FL 33183**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Alan Keen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

3/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD ZELENTY, STEVE**
STREET ADDRESS **4846 GRAPEVINE WAY**
CITY-STATE-ZIP **DAVIE FL**

TITLE ☐ DELETE
NAME **VD KILIANSKI, JOHN**
STREET ADDRESS **5555 NORTHEAST 34 STREET #10**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **CD KEEN, ALAN**
STREET ADDRESS **14600 KENDALE LAKES BLVD**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☒ DELETE
NAME **TD LOPEZ, JOHN**
STREET ADDRESS **13281 SOUTHWEST 39 STREET**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **SD HANLON, BILL**
STREET ADDRESS **5021 SOUTHWEST 111 TERRACE**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**T/D
IGOR Hershkowitz
20301 W. Country Club Dr. #626
Aventura, FL 33180**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Igor Hershkowitz

3/5/96

954-938-8800

Date

Daytime Phone #

CR2E037 (12/95)