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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000251 (8)

1. Corporation Name

SOUTH FLORIDA COLLEGE BASEBALL UMPIRES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

14600 KENDALE LAKES BLVD.
MIAMI FL 3318314600 KENDALE LAKES BLVD.
MIAMI FL 33183-39293. Date Incorporated or Qualified
01/19/19943a. Date of Last Report
03/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4846 Grapevine Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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28

DAVIE, FL

Zip

Country

Zip

Country U.S.A.

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Brwd.

B. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

KEEN, ALAN
14600 KENDALE LAKES BLVD.
MIAMI FL 33183

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ZELENTY, STEVE
STREET ADDRESS 4846 GRAPEVINE WAY
CITY-ST-ZIP DAVIE FL☐ DELETETITLE VD
NAME KILIANSKI, JOHN
STREET ADDRESS 5555 NORTHEAST 34 STREET #10
CITY-ST-ZIP MIAMI FL☐ DELETETITLE CD
NAME KEEN, ALAN
STREET ADDRESS 14600 KENDALE LAKES BLVD
CITY-ST-ZIP MIAMI FL☐ DELETETITLE TD
NAME HERSHKOWITZ, IGOR
STREET ADDRESS 20301 W. COUNTRY CLUB DRIVE #626
CITY-ST-ZIP AVENTURA FL☐ DELETETITLE SD
NAME HANLON, BILL
STREET ADDRESS 5021 SOUTHWEST 111 TERRACE
CITY-ST-ZIP MIAMI FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ Addition2.1 TITLE VP-D
2.2 NAME John KILIANSKI
2.3 STREET ADDRESS 15885 SW 11 St
2.4 CITY-ST-ZIP Pembroke Pines, FL 33027☒ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 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; 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

Date

Daytime Phone # 0033615

CR2E037 (9/96)

SIGNATURE: Igor Hershkovitz

1/21/97 934-938-8861