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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9400000251 (8)

SOUTH FLORIDA COLLEGE BASEBALL UMPIRES ASSOCIATI

## **FILED** Feb 06 1998 8:00am Secretary of State



| Pinning Place of Business   Albert Grapher Way   District Country   Applied For   Ap     | UN, IN   | NC.                                     |                                    |                    |  |                                      |  |
|--|--|---|------------------------------------|--------------------|--|--------------------------------------|--|
| DAVIE FL 33183  DAVIE FL 33181  2a   | Principal Plac   | ce of Business                          | Mailing Address                    |                    | 1 188711102 850 3821 81811 88117 08325 80111 8   | IUU OOKKI EOINO KROOT ANTEL UUT 1646 |  |
| Second Companies   Second Se     |  |   |                                    |                    | 3. Date Incorporated or Qualified  |                                      |  |
| 2. Principal Place of Business   | MIMMI PL SST   | 55                                      |                                    |                    |  |                                      |  |
| 2. A Malifing Actions 2. State   |  |   |                                    |                    | 4. FEI Number  | Applied For                          |  |
| Suite, Apt. 8, etc.    Suite, Apt. 8, etc.     |  |   | 1                                  |                    | 65-0460427   | Not Applicable                       |  |
| Suite, Apt. 8, etc.    Suite, Apt. 8, etc.     |  | Place of Business                       |                                    | 0110               | 5. Certificate of Status Desired   | \$8.75 Additional                    |  |
| City & State    City & State   City    |  | # etc                                   |                                    | welchest           | XJIP   |                                      |  |
| City & State 28  |  |   | <del></del>                        |                    |  |                                      |  |
| Zep      | <b>⊢</b> '   |   |                                    |                    | 7. Is this nonprofit corporation a homeo-  |                                      |  |
| 9. Name and Address of Current Registered Agent    Section   Secti   |  |   | 128                                |                    | ☐ Yes ☐ No   |                                      |  |
| 9. Name and Address of Current Registered Agent  KEEN, ALAN 14600 KENDALE LAKES BLVD.  MIAMI FL 33183  82 Street Address (P.O. Box Number is Not Acceptable)  83 Bal City FL BS Zip Code  11. Pursuant to the provisions of Sections \$17,0502 and \$17,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 in similar with, and accept the obligations of, Section 617,505. Plant all statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. Name And Address of New Registered Agent  (P.O. Box Number is Not Acceptable)  82 Zip Code  11. Pursuant to the provisions of Sections \$17,050. Plant all statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent in firm familiar with, and accept the obligations of, Section 617,505. Plant all statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. IT III III III III III III III III III   | <b>⊢</b> `   | <u>⊢⊸</u> '                             |                                    |                    |  |                                      |  |
| KEEN, ALAN 14600 KENDALE LAKES BLVD.  MIAMI FL 33183  82  Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 517.0502 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. Sizch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered degree in an isomital with, and accept the obligations of, Section 617.0503, Floridas Statutes.  SIGNATURE  Expendix, hyper or present agent and fish qualitation.  OFFICERS AND DIRECTORS  13. NAME 13. NEET ADDRESS 13. NEE   | 24   |   |                                    | 30 457             | The state of the s |                                      |  |
| KEEN, ALAN 14600 KENDALE LAKES BLVD.  MIAMI FL 33183  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered spent, 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 spent, in the first of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered spent, in the first of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered spent, in the first spentage was authorized by the corporation's board of directors. I hereby accept the appointment as registered spent, and accept the objection of 77.0502, Point as Statement for the purpose of changing its registered spent, as the provided spent and the spentage was authorized by the corporation's board of directors. I hereby accept the appointment as registered spent, as registered spent, and accept the objection of 77.0502, Point as Statement for the purpose of changing its registered spent as registered spent, as registered spent, and accept the objection of 77.0502 price statement for the purpose of changing its registered spent, as registered spent, as a point as a spent accepts the object of 77.0502 price statement for the purpose of changing its registered spent, as registered spent, as a point accept the object of 77.0502 price statement for the purpose of changing its registered spent, as a point accept the object of 77.0502 price statement for the purpose of changing its registered spent, as a point accept the object of 77.0502 price statement for the purpose of changing its spent accepts and 77.0502 price statement for the purpose of cha   |  |   |                                    |                    |  |                                      |  |
| 14600 KENDALE LAKES BLVD.  MAMI FL 33183  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections \$17,0502 and \$17,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL  PD OFFICERS AND DIRECTORS  13. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  13. SIRECT ADDRESS  14. SIRECT ADDRESS  15. SIRECT ADDRESS  15. SIRECT ADDRESS  15. SIRECT ADDRESS  15. SIRECT ADDRESS  16. SIRECT ADDRESS  16. SIRECT ADDRESS  16. SIRECT ADDRESS  17. ST. 2P  PEMBROKE PINES FL  18. SIRECT ADDRESS  19. SIRECT ADDRESS  19 | KEEN A   | AL AMI                                  |                                    |                    |  |                                      |  |
| Section   Color   Co     |  |   |                                    | 82 Street Ac       | ddress (P.O. Box Number is Not Acceptable)   |                                      |  |
| 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 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, 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, 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, and state in the purpose of changing its registered agent, and state in the purpose of changing its registered agent. Addition in the purpose of changing its registered agent, and state in the purpose of changing its registered agent, and state in the purpose of changing its registered agent. Addition in the purpose of changing its registered agent, and state in the purpose of changing its registered agent, and state in the purpose of changing its registered agent, and state in the purpose of changing its registered agent, and state in the purpose of changing its registered agent, and state in the purpose of changing its registered agent, and state in the purpose of changing its registered agent, and state in the purpose of changing its registered agent, and state in the corporation's board of directors. I hereby accept the appointment as registered agent, agent agent agent in the corporation's board of directors. I hereby accept the appointment as registered agent, agent     | MIAMI F  | L 33183                                 |                                    | 83                 |  |                                      |  |
| 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 agent. I am itemitian with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  S   |  |   |                                    | 84 City            |  | 85 Zip Code                          |  |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent algrenium required require   | 11. Pursuant to the provisions of Sections 617 0502 and 617 1508 Florida Statutes the above named corporation submits this etglement for the pursuant for the provisions of Sections 617 0502 and 617 1508 Florida Statutes the above named corporation submits this etglement for the pursuant for the provisions of Sections 617 0502 and 617 1508 Florida Statutes the above named corporation submits this etglement for the pursuant for the provisions of Sections 617 0502 and 617 1508 Florida Statutes the above named corporation submits this etglement for the provisions of Sections 617 0502 and 617 1508 Florida Statutes the above named corporation submits this etglement for the provisions of Sections 617 0502 and 617 1508 Florida Statutes the above named corporation submits this etglement for the provision of the provisio |   |                                    |                    |  |                                      |  |
| Signature, typed or printed name of rigitations agent and tills if applicables. (NOTE: Registrate Applications recognised when remeating).   DATE  | agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  |   |                                    |                    |  |                                      |  |
| TITLE PD SIDELETE 1.3 TITLE STREET ADDRESS CITY-ST-ZP PEMBROKE PINES FL CITY-ST-ZP MIAMI FL TITLE NAME STREET ADDRESS 14600 KENDALE LAKES BLVD STREET ADDRESS 147 STREET ADDRESS 147 STREET ADDRESS 147 STREET ADDRESS 147 STREET ADDRESS 157 STR   | SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |   |                                    |                    |  |                                      |  |
| NAME   STREET ADDRESS   4846 GRAPEVINE WAY   13 STREET ADDRESS   14 CITY-ST-ZIP   12 NAME   13 STREET ADDRESS   14 CITY-ST-ZIP   13 STREET ADDRESS   15 SW 39 St   13 TITLE     DELETE   17 TILE   DELETE   17 TILE   DELETE   18 NAME   18 STREET ADDRESS   18 SW 11 ST   18 SW ACHIEVEST   18 SW 39 St   18 SW 39      | 12.  | OFFICERS ANI                            |                                    |                    | the state of the s |                                      |  |
| EXTRECT ADDRESS CITY-ST-ZP TITLE TIT   | TITLE  | PD                                      | DELETE                             | 1.1 TITLE 3        | Pres Divertor  | Change 🗷 Addition                    |  |
| STREET ADDRESS OFF FL  TITLE  DAVIE FL  TITLE  VPD  NAME  KILIANSKI, JOHN  STREET ADDRESS OCTY-ST-ZIP  PEMBROKE PINES FL  TITLE  CD  NAME  KEEN, ALAN  STREET ADDRESS OCTY-ST-ZIP  MAME  KEEN, ALAN  STREET ADDRESS OCTY-ST-ZIP  MAME  KEEN, ALAN  STREET ADDRESS OCTY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  SD  MAME  HANLON, BILL  STREET ADDRESS CITY-ST-ZIP  MAME  HANLON, BILL  STREET ADDRESS CITY-ST-ZIP  MIAMI FL  DELETE  STREET ADDRESS CITY-ST-ZIP  TITLE  SEC Y   D. rector   Change   Addition   DALE  DALE  Change   Addition   DALE  CHANLE  C   | NAME   | ZELENTY, STEVE                          |                                    |                    |  |                                      |  |
| TITLE   DELETE   LACITY-ST-ZIP   MARK PC 33 TS   | STREET ADDRESS   | 4846 GRAPEVINE WAY                      |                                    | 1.3 STREET ADDRESS | 20 61 SLD 29 St  |                                      |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL   | CITY-ST-ZIP  | DAVIE FL                                |                                    |                    | Miaki FC 33175   |                                      |  |
| STREET ADDRESS   SW 11 ST  | TITLE  | VPD                                     | DELETE                             | 2.1 TITLE          | 1.P./Director  | ☐ Change ☑ Addition                  |  |
| STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL  2.3 STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL  2.3 STREET ADDRESS 2.4 CITY-ST-ZIP NAME KEEN, ALAN STREET ADDRESS 14600 KENDALE LAKES BLVD 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL  TD LETE TD LETE A1 TITLE A2 NAME A3 STREET ADDRESS CITY-ST-ZIP TITLE SD LETE AVENTURA FL  SD LACITY-ST-ZIP TITLE SD LACITY-ST-ZIP MIAMI FL STREET ADDRESS STREET AD   | NAME   |   |                                    |                    |  |                                      |  |
| CITY-ST-ZIP PEMBROKE PINES FL  CD DELETE 3.1 TITLE  KEEN, ALAN  STREET ADDRESS  CITY-ST-ZIP  TITLE  TD DELETE 4.1 TITLE  NAME HERSHKOWITZ, IGOR  STREET ADDRESS  CITY-ST-ZIP  TITLE  SD AVENTURA FL  TITLE  SD DELETE 5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  SD DELETE 5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  SD DELETE 5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  Change Addition  | STREET ADDRESS   |   |                                    |                    |  |                                      |  |
| TITLE CD   | CITY-ST-ZIP  | PEMBROKE PINES FL                       |                                    |                    |  | ۱ ۱                                  |  |
| STREET ADDRESS CITY-ST-ZIP MIAMI FL  TD MAME HERSHKOWITZ, IGOR STREET ADDRESS CITY-ST-ZIP  TITLE SD NAME HANLON, BILL STREET ADDRESS CITY-ST-ZIP  TITLE SD NAME HANLON, BILL STREET ADDRESS CITY-ST-ZIP  MIAMI FL  STREET ADDRESS CITY-ST-ZIP  TITLE SD MAME HANLON, BILL STREET ADDRESS CITY-ST-ZIP  TITLE SD MIAMI FL  STREET ADDRESS CITY-ST-ZIP  TITLE SD MIAMI FL  STREET ADDRESS CITY-ST-ZIP  TITLE SD MIAMI FL  STREET ADDRESS CITY-ST-ZIP  MIAMI FL  DELETE G1 TITLE G2 NAME G3 STREET ADDRESS G1 STREET ADRESS G1 STREET ADDRESS G1 STREET AD   | TITLE  |   | DELETE                             |                    |  | Change Addition                      |  |
| GITY-ST-ZIP  MIAMI FL  TD  DELETE  4.1 TITLE  NAME  HERSHKOWITZ, IGOR  STREET ADDRESS  CITY-ST-ZIP  AVENTURA FL  TITLE  SD  HANLON, BILL  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  SOUTHWEST 111 TERRACE  CITY-ST-ZIP  MIAMI FL  DELETE  6.1 TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP  MIAMI FL  DELETE  6.2 NAME  STREET ADDRESS  GITY-ST-ZIP  MIAMI FL  Change  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  AMME  STREET ADDRESS  GITY-ST-ZIP  MIAMI FL  DELETE  6.3 STREET ADDRESS  GITY-ST-ZIP  Addition  | NAME   |   |                                    | 3.2 NAME           |  |                                      |  |
| TITLE TD DELETE 4.1 TITLE  NAME HERSHKOWITZ, IGOR  STREET ADDRESS CITY-ST-ZIP AVENTURA FL  ITILE SD AVENTURA FL  STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  NAME HANLON, BILL STREET ADDRESS CITY-ST-ZIP  MIAMI FL  DELETE 5.1 TITLE  S2 NAME  S2 NAME  S3 STREET ADDRESS CITY-ST-ZIP  MIAMI FL  DELETE 6.1 TITLE  S2 NAME  S4 CITY-ST-ZIP  DELETE 6.3 STREET ADDRESS CITY-ST-ZIP  MAME  STREET ADDRESS CITY-ST-ZIP  MIAMI FL  Change Addition  AMME  STREET ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  Addition  Addition  Addition  | STREET ADDRESS   |   | 1                                  | 3.3 STREET ADDRESS |  |                                      |  |
| NAME STREET ADDRESS CITY- ST-ZIP  TITLE SD NAME HANLON, BILL STREET ADDRESS CITY-ST-ZIP  MIAMI FL  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  DELETE  DELETE  6.1 TITLE  S2 NAME  5.2 NAME  5.4 CITY-ST-ZIP  DELETE  6.1 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  DELETE  6.3 STREET ADDRESS CITY-ST-ZIP  NAME  STREET ADDRESS CITY-ST-ZIP  MIAMI FL  Change Addition  Addition  Addition  Addition  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  Boco RATON FL  Change Addition  |  |   |                                    | 3.4. CITY-ST-ZIP   |  |                                      |  |
| STREET ADDRESS CITY-ST-ZIP  AVENTURA FL  AVENTURA FL  SD  NAME HANLON, BILL STREET ADDRESS CITY-ST-ZIP  MIAMI FL  SOUTHWEST 111 TERRACE CITY-ST-ZIP  MIAMI FL  DELETE  G1 TITLE  NAME STREET ADDRESS CITY-ST-ZIP  MIAMI FL  DELETE  G2 NAME G2 NAME G3 STREET ADDRESS G1TY-ST-ZIP  G4 CITY-ST-ZIP  G6 NAME G7 STREET ADDRESS G1TY-ST-ZIP  G6 S-W-9 Ave Bx Addition Change Addition Addition  Addition  Change Addition  Addition  Addition  G2 NAME G3 STREET ADDRESS G1TY-ST-ZIP  G6 ACITY-ST-ZIP  G6 ACITY-ST-ZIP  G6 ACITY-ST-ZIP   | 1  | · •                                     | ☐ DELETE                           |                    |  | ☐ Change ☐ Addition                  |  |
| CITY-ST-ZIP  AVENTURA FL  SD  NAME  HANLON, BILL  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  DELETE  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  DELETE  6.1 TITLE  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Addition  AME  STREET ADDRESS  CITY-ST-ZIP  ACTY-ST-ZIP  CHANGE  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP   | l  |   |                                    | 4. 2 NAME          |  |                                      |  |
| TITLE SD DELETE 5.1 TITLE SECY Director Change Addition  NAME HANLON, BILL  STREET ADDRESS 5.2 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  TITLE MIAMI FL DELETE 6.1 TITLE  NAME 6.2 NAME  STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  FOR RATION FL BOOK ADDRESS 6.4 CITY-ST-ZIP  G.3 STREET ADDRESS 6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 TITLE 5.1 TITLE 5.5 CY   Director   Change   Addition   | STREET ADDRESS   |   | RIVE #626                          | 4.3 STREET ADDRESS |  | 1                                    |  |
| NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME  |  |   | 5/10                               |                    |  |                                      |  |
| STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP   |  |   | DELETE                             | 5.1 TITLE          | Secy/Director  |                                      |  |
| NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP   | l l  |   |                                    | 5.2 NAME           | DAIE HAINS   |                                      |  |
| NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP   | l l  |   | ACE                                | 5.3 STREET ADDRESS | 100 S.W. 9 HUE   |                                      |  |
| NAME  STREET ADDRESS  G.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP   |  | MIAMI FL                                | [ ] procur                         | 5.4 CITY-ST-ZIP    | BOCA KATON, FL 33481   |                                      |  |
| STREET ADDRESS  CITY - ST - ZIP  6.3 STREET ADDRESS  6.4 CITY - ST - ZIP   |  |   | T DETEIF                           |                    | -  | ☐ Unange ☐ Addition                  |  |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP  | l !  |   |                                    | 1                  |  |                                      |  |
|  | l :  |   |                                    | 1                  |  |                                      |  |
|  |  | ertify that the information supplied we | h this filing does not qualify for | 6.4 CITY-ST-ZIP    | in Section 119 07/3Vi) Florida Statutas 15 ortho   | r cartify that the information       |  |

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 er or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in meet with an address.

SIGNATURE: