

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90026 004 \*\*\*\*61.25

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**DOCUMENT # N94000000251**

1. Corporation Name

**SOUTH FLORIDA COLLEGE BASEBALL UMPIRES ASSOCIATI  
ON, INC.**

Principal Place of Business  
**14600 KENDALE LAKES BLVD.  
MIAMI FL 33183**

Mailing Address  
**14600 KENDALE LAKES BLVD  
MIAMI FL 33183  
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**01/19/1994**

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number  
**65-0460427**

Applied For  
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

24. Zip

25. Country

29. Zip

30. Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **LOPEZ, JOHN**  
STREET ADDRESS **13281 SW 39 ST**  
CITY-ST-ZIP **MIAMI FL 33175**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE  
NAME **CONNACHER, JOHN**  
STREET ADDRESS **1880 ARABIAL WAY**  
CITY-ST-ZIP **W PALM BEACH FL 33406**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **HERSHKOWITZ, IGOR**  
STREET ADDRESS **20301 W. COUNTRY CLUB DRIVE #626**  
CITY-ST-ZIP **AVENTURA FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **HAINS, DALE**  
STREET ADDRESS **400 SW 9 AVE**  
CITY-ST-ZIP **BOCA RATON FL 33486**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)