

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90007 040 ****61.25

DOCUMENT # N94000000251

1. Entity Name

SOUTH FLORIDA COLLEGE BASEBALL UMPIRES ASSOCIATI

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0460427**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Igor Hershkowitz**
 Street Address (P.O. Box Number is Not Acceptable)
141 Chelsea Lane
 City **Plantation** FL Zip Code **33324**

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

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

Igor Hershkowitz, Treas

(NOTE: Registered Agent signature required when reinstating)

7/16/01
 DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
 NAME **Michael Galiano**
 STREET ADDRESS **4829 SW 20 Street**
 CITY-ST-ZIP **Pt. Lauderdale, FL 33317**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE: Igor Hershkowitz, Treas. 7/16/01 9544557.15

CR2E037 (5/01)