

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90097 017 ****61.25

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1. Entity Name

SOUTH FLORIDA COLLEGE BASEBALL UMPIRES ASSOCIATION, INC.



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

Mailing Address
**P.O. BOX 16611
PLANTATION FL 33318-6611
US**

2. Principal Place of Business

141 Chelsea Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Zip

33304

Country

Broward

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

**HERSHKOWITZ, IGOR
141 CHELSEA LANE
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees.

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
GALIANO, MICHAEL
4829 SW 20 STREET
FORT LAUDERDALE FL 33317** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Pres./ Director
A.J. Lostaglio
1130 Venetian Way, # 1B
Miami Bch, FL 33139** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Alan Zeff
PO Box 3078
Boynton Bch, FL 33424** ☐ Change ☒ Addition

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

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

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

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

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 REQUIRED

2/2/03 02/25/2003

CR2E037 (10/02)