

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000634

1. Entity Name

DAVIE GIRLS' SOFTBALL, INC.

Principal Place of Business

1450 NW 115TH AVE
PEMBROKE PINES FL 33026
US

Mailing Address

P O BOX 291371
DAVIE FL 33329-1371
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0561341

Applied For -

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORMAN, JEFF
1450 NW 115TH AVE
PEMBROKE PINES FL 33026

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FRANK RAMIREZ
STREET ADDRESS 11860 SW 13TH CT
CITY-ST-ZIP DAVIE FL 33325

TITLE PD ☐ Delete
NAME JEFF NORMAN
STREET ADDRESS 1450 NW 115TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE SD ☒ Delete
NAME KEVIN RORABAUGH
STREET ADDRESS 4200 SW 67TH TERR
CITY-ST-ZIP DAVIE FL 33314

TITLE TD ☒ Delete
NAME SANDRA LLOYD
STREET ADDRESS 4221 SW 67TH TERR
CITY-ST-ZIP DAVIE FL 33314

TITLE VPD ☐ Delete
NAME RAWLS, DALE
STREET ADDRESS 10110 SW 16TH CT
CITY-ST-ZIP DAVIE FL 33066

TITLE SD ☐ Delete
NAME RHODES, DON
STREET ADDRESS 10530 NW 18TH PL
CITY-ST-ZIP PEMBROKE PINES FL 33026

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE TD ☐ Change ☒ Addition
NAME Ronda Shambdin
STREET ADDRESS 4150 SW 56th AVE
CITY-ST-ZIP DAVIE FL 33314

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 954-7912-90

CR2E037 (9/99)