

2001 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
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

65-0561341

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANK RAMIREZ	
STREET ADDRESS	11860 SW 13TH CT	
CITY-ST-ZIP	DAVIE FL 33325	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	JEFF NORMAN	
STREET ADDRESS	1450 NW 115TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	SHAMLDIN, RONDA	
STREET ADDRESS	4150 SW 56TH AVE	
CITY-ST-ZIP	DAVIE FL 33314	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	RAWLS, DALE	
STREET ADDRESS	10110 SW 16TH CT	
CITY-ST-ZIP	DAVIE FL 33066	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	RHODES, DON	
STREET ADDRESS	10530 NW 18TH PL	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01**954-791-2992****FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90222 009 ****61.25

80044341

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)