

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90989 040 \*\*\*\*61.25

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**DOCUMENT # N95000000634**

1. Entity Name

**DAVE GIRLS' SOFTBALL, INC.**



Principal Place of Business

**1450 NW 115TH AVE  
PEMBROKE PINES FL 33026  
US**

Mailing Address

**P O BOX 291371  
DAVE 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**

☐ CHECK HERE IF MAKING CHANGES



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. 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 **PD** ☐ Delete  
NAME **FRANK RAMIREZ**  
STREET ADDRESS **11860 SW 13TH CT**  
CITY-ST-ZIP **DAVE FL 33325**

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

TITLE **TD** ☐ Delete  
NAME **SHAMLDIN, RONDA**  
STREET ADDRESS **4150 SW 56TH AVE**  
CITY-ST-ZIP **DAVE FL 33314**

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

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

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

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

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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 of Ronda Shamldin*

4-29-03 054791259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)