# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 20, 2001 8:00 am**
**Secretary of State**
05-10-2001 90075 003 ****61.25

DOCUMENT # N95000001138

1. Entity Name
NORTH BROWARD ALL-STARS TRAVEL BASEBALL Club INC

Principal Place of Business

Mailing Address
C/O W. Kern
5887 NW 71 Terr
Parkland FL
33067

2. Principal Place of Business
baseball-nonprofit
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
c/o W. Kern
Suite, Apt. #, etc.
5887 NW 71 Terr
City & State
Parkland FL
Zip 33067 | Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number
650565631
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
C/O W. Kern
5887 NW 71 Terr
PARKLAND FL 33067

7. Name and Address of New Registered Agent
Name c/o W. Kern
Street Address (P.O. Box Number is Not Acceptable)
5887 NW 71 Terr
Parkland FL 33067
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 Sylvie Lamarre
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| D | Pres<br>William KERN D.<br>5887 NW 71 Terr<br>Parkland FL 33067 | | D<br>VICE. PRESIDENT<br>CINDY D. KERN D.<br>5887 N W 71 TERRACE<br>PARKLAND, FL 33067 | |
| D | TREAS<br>SYLVIE LAMARRE D.<br>7602 NW 18 CT<br>Margate FL 33063 | ☐ Delete | | ☐ Change ☐ Addition |
| VP | Peter Muckley<br>8872 NW 56 ST<br>Coral SPGS FL 33067 | ☐ Delete | | ☐ Change ☐ Addition |
| | | ☐ Delete | | ☐ Change ☐ Addition |
| | | ☐ Delete | | ☐ Change ☐ Addition |
| | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (11/00)

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: Sylvie Lamarre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01
Date

954 227-2264
Daytime Phone #