

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 17, 2000 8:00 am
Secretary of State

03-27-2000 90130 044 ****61.25

DOCUMENT # N95000001465

1. Entity Name

CORAL SPRINGS YOUTH LACROSSE CLUB, INC.

Principal Place of Business

1666 NW 111TH WAY
 CORAL SPRINGS FL 33071

Mailing Address

1666 NW 111TH WAY
 CORAL SPRINGS FL 33071-6343

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0694151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRUSHKA, DONALD J
1666 N.W. 111 WAY
CORAL SPRINGS FL 33071

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: **VD**
 NAME: **KRAUS, JERRY**
 STREET ADDRESS: **452 N.W. 112TH AVENUE**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33071**

☐ Delete

TITLE: **PD**
 NAME: **PLUNKETT, JANET**
 STREET ADDRESS: **955 HARBOUR INN DR.**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33071**

☒ Delete

TITLE: **STD**
 NAME: **GRUSHKA, DONALD J**
 STREET ADDRESS: **1666 NW 111TH WAY**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33071**

☐ Delete

TITLE: **2000**
 NAME: **[Signature]**
 STREET ADDRESS: **[Signature]**
 CITY-ST-ZIP: **[Signature]**

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TITLE: **[Signature]**
 NAME: **[Signature]**
 STREET ADDRESS: **[Signature]**
 CITY-ST-ZIP: **[Signature]**

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TITLE: **[Signature]**
 NAME: **[Signature]**
 STREET ADDRESS: **[Signature]**
 CITY-ST-ZIP: **[Signature]**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **[Signature]**
 NAME: **[Signature]**
 STREET ADDRESS: **[Signature]**
 CITY-ST-ZIP: **[Signature]**

☐ Change ☐ Addition

TITLE: **[Signature]**
 NAME: **[Signature]**
 STREET ADDRESS: **[Signature]**
 CITY-ST-ZIP: **[Signature]**

☐ Change ☐ Addition

TITLE: **PSTD**
 NAME: **[Signature]**
 STREET ADDRESS: **[Signature]**
 CITY-ST-ZIP: **[Signature]**

☒ Change ☐ Addition

TITLE: **D**
 NAME: **HGSTON FRANK**
 STREET ADDRESS: **1762 NW 104TH AVE.**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33071**

☐ Change ☒ Addition

TITLE: **[Signature]**
 NAME: **[Signature]**
 STREET ADDRESS: **[Signature]**
 CITY-ST-ZIP: **[Signature]**

☐ Change ☐ Addition

TITLE: **[Signature]**
 NAME: **[Signature]**
 STREET ADDRESS: **[Signature]**
 CITY-ST-ZIP: **[Signature]**

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

954-267-1069

Daytime Phone #

CR2E037 (9/99)