

**2002 UNIFORM BUSINESS REPORT (UBR)****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

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	<input type="checkbox"/> Delete
NAME	KRAUS, JERRY	
STREET ADDRESS	452 N.W 112TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	GRUSHKA, DONALD J	
STREET ADDRESS	1666 NW 111TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESTON, FRANK	
STREET ADDRESS	1762 NW 104TH AVE	
CITY-ST-ZIP	POMPAÑO BEACH FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROWLEY, TERRENCE	
STREET ADDRESS	9655 NW 59TH COURT	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

*Donald J. Grushka* **DONALD J. GRUSHKA****2/18/02 954-267-1069**

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)