## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like

SIGNATURE:

## FILED DOCUMENT # **N95000005023** Feb 16, 2000 8:00 am **Secretary of State** BOCA RATON FAST PITCH SOFTBALL ASSOCIATION, INC. 02-16-2000 90056 047 \*\*\*\*61.25 Principal Place of Business Mailing Address 20810 SONRISA WAY P O BOX 691 **BOCA RATON FL 33429-0691** BOCA RATON TL-53433 ● 重め公り金 2. Principal Place of Business 9850463. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0624756 30CA Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GEROW, JEFFREY S ESQ. 4800 N. FEDERAL HWY., STE. 306B **BOCA RATON FL 33431** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be $\Box$ , Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME LUNIN, AUTUMN STREET ADDRESS STREET ADDRESS 98 S.W. 9TH TERRACE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** 4363 NW 2 NA 1500 1 TITLE Change Addition Delete TITLE CHARLES NAME CRUICKSHANK, JAMES A 2 ND TERL NAME STREET ADDRESS STREET ADDRESS 20810 SONRISA WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE ☐ Change Addition Delete HAISTOPHER POLIMENT DAGS LAKE VISTA CIRCLE NAME NAME METZGER, TERRY STREET ADDRESS STREET ADDRESS 1501 S.W. 21ST STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** LILLIAN BREEN TERR. TITLE NAME MARRA, DONNA STREET ADDRESS STREET ADDRESS 1400 N.W. 9TH AVENUE RATON FL 33431 CITY-ST-7IP CITY-ST-ZIP BOCA RATON FL 33486 ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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