

3/5/0

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000000295****FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90333 049 \*\*\*\*61.25

**1. Entity Name****SAWGRASS YOUTH SPORTS OPTIMIST, INC.****Principal Place of Business**PO BOX 450007  
SUNRISE FL 33345**Mailing Address**PO BOX 450007  
SUNRISE FL 33345**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State****City & State****Zip****Country****Zip****Country****4. FEI Number**

65-0635711

**Applied For**

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**BORRAS, ANTHONY B ESQ.  
1888A NO. UNIVERSITY DRIVE  
PLANTATION FL 33322**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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	CD	<input type="checkbox"/> Delete
NAME	PRITCHARD, SHIRLEY	
STREET ADDRESS	11951 NW 31ST STREET	
CITY-ST-ZIP	SUNRISE FL 33323	

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JANSEN, JAN	
STREET ADDRESS	11411 NW 32 PL	
CITY-ST-ZIP	SUNRISE FL	

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	PRITCHARD, DALE	
STREET ADDRESS	11951 NW 31 ST	
CITY-ST-ZIP	SUNRISE FL	

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

TITLE	TDSD	<input checked="" type="checkbox"/> Delete
NAME	COYNE, MARIE	
STREET ADDRESS	11155 NW 26 ST	
CITY-ST-ZIP	SUNRISE FL	

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	PRITCHARD, STEPHAN	
STREET ADDRESS	11951 NW 31ST ST.	
CITY-ST-ZIP	Sunrise, fl. 33323	

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

TITLE		<input type="checkbox"/> Delete
NAME		
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:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01  
Date954-344-6615  
Daytime Phone #

CR2E037 (10/00)