

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 09, 2002 8:00 am
Secretary of State

05-09-2002 90014 026 ****61.25

DOCUMENT # N96000000727

1. Entity Name

MARGATE YOUTH BASEBALL, INC. ✓

Principal Place of Business

6720 NW 6TH ST
MARGATE FL 33068
US

Mailing Address

P O BOX 934294
MARGATE FL 33093
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2189096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DALE EDWORTHY
6720 NW 6TH ST
MARGATE FL 33068

7. Name and Address of New Registered Agent

Name

JEFF HERRINGTON

Street Address (P.O. Box Number is Not Acceptable)

6539219 HT HOUSE

City

MARGATE

FL

Zip Code

33063

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

Jeff Herrington JEFF HERRINGTON TRCA

4/16/02

(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	VP	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, JAMES J	
STREET ADDRESS	6515 NW 9TH AVE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	EDWORTHY, DALE	
STREET ADDRESS	6720 NW 6TH ST	
CITY-ST-ZIP	MARGATE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TRAVSCHT, LORI	
STREET ADDRESS	6250 NW 18TH ST	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BERKHEIMER, EDWARD R.	
STREET ADDRESS	4601 CEDARHILL ROAD	
CITY-ST-ZIP	COCONUT CREEK FL	
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	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT TRAVSCHT	
STREET ADDRESS	11501 934294	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAVIS CHASE	
STREET ADDRESS	PO BOX 934294	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF HERRINGTON	
STREET ADDRESS	PO BOX 934294	
CITY-ST-ZIP	MARGATE FL 33063	
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		

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

Date

Daytime Phone #

4/30/02 954 478-3050

CR2E037 (9/01)