

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90117 013 \*\*\*\*61.25

**DOCUMENT # N96000005085**

1. Entity Name

**ATLANTIC COAST UMPIRES ASSOCIATION, INC.**



Principal Place of Business  
**4635 SE COMPASS WAY  
STUART FL 34997**

Mailing Address  
**4635 SE COMPASS WAY  
STUART FL 34997**

2. Principal Place of Business  
**1001 N US HWY ONE**

3. Mailing Address  
**1001 N US HWY ONE**

Suite, Apt. #, etc.  
**600**

Suite, Apt. #, etc.  
**600**

City & State  
**JUPITER FL**

City & State  
**JUPITER FL**

Zip  
**33477**

Country  
**USA**

Zip  
**33477**

Country

4. FEI Number **65-0704065**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROTH, JEFFERY  
4635 SE COMPASS WAY  
STUART FL 34997**

7. Name and Address of New Registered Agent

Name  
**HENRY Y. BLAKISTON**

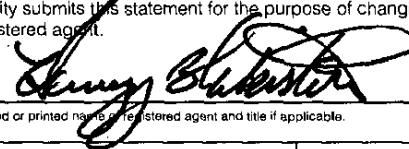
Street Address (P.O. Box Number is Not Acceptable)  
**1001 N US HWY ONE STE 600**

City  
**JUPITER**

FL

Zip Code  
**33477**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **8/5/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                                     |  |
|----------------|-------------------------------------|--|
| TITLE          | <b>D</b>                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>FORTE, MIKE</b>                  |  |
| STREET ADDRESS | <b>354 NE SURFSIDE</b>              |  |
| CITY-ST-ZIP    | <b>PORT SAINT LUCIE FL 34983</b>    |  |
| TITLE          | <b>D</b>                            | <input type="checkbox"/> Delete            |
| NAME           | <b>ROTHWEILER, GARY</b>             |  |
| STREET ADDRESS | <b>1852 S.W. ALBERCA</b>            |  |
| CITY-ST-ZIP    | <b>PORT-SAINT-LUCIE-FL: 34953</b>   |  |
| TITLE          | <b>D</b>                            | <input type="checkbox"/> Delete            |
| NAME           | <b>BLAKISTON, HENRY Y</b>           |  |
| STREET ADDRESS | <b>1001 N US HWY ONE, SUITE 600</b> |  |
| CITY-ST-ZIP    | <b>JUPITER FL 33477</b>             |  |
| TITLE          | <b>D</b>                            | <input type="checkbox"/> Delete            |
| NAME           | <b>WEST, VINCE</b>                  |  |
| STREET ADDRESS | <b>2460 SE WISHBONE ROAD</b>        |  |
| CITY-ST-ZIP    | <b>PORT SAINT LUCIE FL 34952</b>    |  |
| TITLE          | <b>DP</b>                           | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>ROTH, JEFFERY</b>                |  |
| STREET ADDRESS | <b>4635 S.E. COMPASS WAY</b>        |  |
| CITY-ST-ZIP    | <b>STUART FL 34997</b>              |  |
| TITLE          | <b>D</b>                            | <input type="checkbox"/> Delete            |
| NAME           | <b>BILLINGS, RUSS</b>               |  |
| STREET ADDRESS | <b>1693 ARCH AVENUE</b>             |  |
| CITY-ST-ZIP    | <b>JENSEN BEACH FL 34957</b>        |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>DAVID BROWN</b>            |  |
| STREET ADDRESS | <b>1818 SW CYCLE ST</b>       |  |
| CITY-ST-ZIP    | <b>PORT ST LUCIE FL 34953</b> |  |
| 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            |
| 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:  **8/5/03** **861-747-2772**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)