

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 30 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N96000005215 (6)

1. Corporation Name

COAST TO COAST BASKETBALL CLUB INC.

Principal Place of Business

8115 LAGOS DE CAMPO BLVD.
TAMARAC FL 33321

Mailing Address

8115 LAGOS DE CAMPO BLVD.
TAMARAC FL 33321

3. Date Incorporated or Qualified

10/10/1996

4. FEI Number

65-0709560

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

ALSTON, ERIC A
8115 LAGOS DE CAMPO BLVD.
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P ALSTON, ERIC A
STREET ADDRESS 8115 LAGOS DE CAMPOS BLVD
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ DELETE

NAME VT DOOLING, ERIC
STREET ADDRESS 2016 NW 3RD COURT
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE ☐ DELETE

NAME T SD LYNCH, JONATHAN E
STREET ADDRESS 4110 HUNTERS HILL CIRCLE
CITY-ST-ZIP FOX RIDGE MD 21133

TITLE ☐ DELETE

NAME D MCDUFFIE, O.J.
STREET ADDRESS 653 SPINNAKER
CITY-ST-ZIP FT. LAUDERDALE FL 33326

TITLE ☐ DELETE

NAME D CD MITCHELL, STEFFON
STREET ADDRESS 1221 DUNCAN PLACE N.E.
CITY-ST-ZIP WASHINGTON DC 20002

TITLE ☐ DELETE

NAME MD WAGENHEIM, RICHARD
STREET ADDRESS 2101 NORTH ANDREWS AV
CITY-ST-ZIP FT. LAUDERDALE FL 33301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006646

CR2E037 (5/98)