

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005215

1. Entity Name

COAST TO COAST BASKETBALL CLUB INC.

Principal Place of Business

Mailing Address

8115 LAGOS DE CAMPO BLVD.
TAMARAC FL 33321

8115 LAGOS DE CAMPO BLVD.
TAMARAC FL 33321

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

65-0709560

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

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	ALSTON, ERIC A	8115 LAGOS DE CAMPOS BLVD	TAMARAC FL 33321	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VTD	DOOLING, ERIC	2016 NW 3RD COURT	FT LAUDERDALE FL 33311	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SDT	LYNCH, JONATHAN E	4110 HUNTERS HILL CIRCLE	FOX RIDGE MD 21133	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MCDUFFIE, O.J.	653 SPINNAKER	FT. LAUDERDALE FL 33326	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
CD	MITCHELL, STEFFON	1221 DUNCAN PLACE N.E.	WASHINGTON DC 20002	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MD	WAGENHEIM, RICHARD	2101 NORTH ANDREWS AV.	FT. LAUDERDALE FL 33301	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

4/11/01

Date

(954) 726-5656

Daytime Phone #

CR2E037 (10/00)

0047746

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90035 047 ****61.25

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DO NOT WRITE IN THIS SPACE