

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90356 044 ****61.25

DOCUMENT # N96000006489					
1. Entity Name TRI-COUNTY YOUTH BASKETBALL LEAGUE, INC.					
Principal Place of Business 4220 NW 173RD DRIVE MIAMI, FL 33055			Mailing Address 4220 NW 173RD DRIVE MIAMI, FL 33055		
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 65-0714656	
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		
COLEBROOK, ARTHUR 4220 NW 173RD DRIVE MIAMI, FL 33055			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLEBROOK, ARTHUR 4220 NW 173RD DRIVE MIAMI, FL 33055	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILLIAMS, LYNN 2940 N.W. 181 STREET MIAMI, FL 33055	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COLEBROOK, DYATHA 4220 NW 173 DR MIAMI, FL 33055	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COLEBROOK, CANDICE 4220 NW 173 DR MIAMI, FL 33055	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COLEBROOK, BRANDON 4220 NW 173 DR MIAMI-FLA-33055	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Arthur Colebrook</i>		4/25/06 305-624-0503			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			