

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000594

1. Entity Name

SOUTH PALM SUN DEVILS SOFTBALL ASSOCIATION, INCO

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90147 048 ****70.00

Principal Place of Business

21128 SHADY VISTA LANE
BOCA RATON FL 33428
US

Mailing Address

21128 SHADY VISTA LANE
BOCA RATON FL 33428-1156
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

26-7291610

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RYAN, MICHAEL
21128 SHADY VISTA LANE
BOCA RATON FL 33428

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 ☐ Delete
NAME D
STREET ADDRESS HANNIGAN, THOMAS
CITY-ST-ZIP 10545 ERMINE AVENUE
BOCA RATON FL 33428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS RYAN, MICHAEL
CITY-ST-ZIP 21128 SHADY VISTA LANE
BOYNTON BEACH FL 33428

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Boca Raton, FL 33428

TITLE ☐ Delete
NAME D
STREET ADDRESS PETRACCO, KATHLEEN ADUS
CITY-ST-ZIP 777 GLADES ROAD
BOCA RATON FL 33432

TITLE ☒ Change ☐ Addition
NAME John Ranfone
STREET ADDRESS 10302 Allegro Drive
CITY-ST-ZIP Boca Raton, FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

561 391 8797

CR2E037 (9/99)