

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 17, 2001 8:00 am
Secretary of State

03-19-2001 90002 036 ****61.25

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1. Entity Name

SOUTH PALM SUN DEVILS SOFTBALL ASSOCIATION, INCO

Principal Place of Business

21128 SHADY VISTA LANE
BOCA RATON FL 33428
US

Mailing Address

21128 SHADY VISTA LANE
BOCA RATON FL 33428
US

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

26-7291610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYAN, MICHAEL
21128 SHADY VISTA LANE
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

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 **Michael J. Ryan**

2/12/01

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

TITLE	D	Delete
NAME	HANNIGAN, THOMAS	
STREET ADDRESS	10545 ERMINE AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	Delete
NAME	RYAN, MICHAEL	
STREET ADDRESS	21128 SHADY VISTA LANE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	Delete
NAME	RANFRONE, JOHN	
STREET ADDRESS	10302 ALLEGRO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Change	Addition
NAME	President		
STREET ADDRESS	Jeff Herman		
CITY-ST-ZIP	4140 Woods End Road		
	Boca Raton, FL 33487		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	Change	Addition
NAME	Secretary		
STREET ADDRESS	Jeanne McGowan		
CITY-ST-ZIP	5793 NW 48th Drive		
	Coral Springs, FL 33067		
TITLE		Change	Addition
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
Michael J. Ryan

2/12/01

561-391-8797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)