

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N97000001046****1. Entity Name**  
POMPANO BEACH YOUTH BASEBALL, INC.**Principal Place of Business**  
C/O ERIC FOUST  
8025 LAGOS DE CAMPO BLVD  
TAMARAC FL 33321**Mailing Address**  
C/O ERIC FOUST  
8025 LAGOS DE CAMPO BLVD  
TAMARAC FL 33321**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number**  
**65-0731328**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**FOUST ERIC  
8025 LAGOS DE CAMPO BLVD.  
  
TAMARAC FL 33321 USName  
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** **09/05/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25**  
**9. Election Campaign Financing** ☐ **\$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	DVP	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TEUTON DOUG			NAME	TEUTON DOUG		
STREET ADDRESS	1851 NE 28TH TERRACE			STREET ADDRESS	1851 NE 28TH TERRACE		
CITY-ST-ZIP	POMPANO BEACH FL 33062			CITY-ST-ZIP	POMPANO BEACH FL 33062		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAXON RAY			NAME	ARNOLD KEN		
STREET ADDRESS	2061 SE 16TH STREET			STREET ADDRESS	721 NE 8TH ST		
CITY-ST-ZIP	POMPANO BEACH FL 33060			CITY-ST-ZIP	POMPANO BEACH FL 33060		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROBAN GARY			NAME			
STREET ADDRESS	861 N.E. 9TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33060			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOUST ERIC			NAME			
STREET ADDRESS	8025 LAGOS DE CAMPO BLVD			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33321			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLUTH JEFF			NAME	GLUTH JEFF		
STREET ADDRESS	80 SE 10TH ST			STREET ADDRESS	80 SE 10TH ST		
CITY-ST-ZIP	POMPANO BEACH FL 33060			CITY-ST-ZIP	POMPANO BEACH FL 33060		
TITLE	D	<input type="checkbox"/> Delete		TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON STEVE			NAME	HOOPS BEN		
STREET ADDRESS	280 S. CYPRESS ROAD			STREET ADDRESS	5290 NE 17TH AVE		
CITY-ST-ZIP	POMPANO BEACH FL 33060			CITY-ST-ZIP	POMPANO BEACH FL 33064		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ERIC FOUST DP 09/05/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)