

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005825

1. Entity Name

LAUDERDALE LAKES BASKETBALL ASSOCIATION, INC.

Principal Place of Business

4331 N.W. 36TH STREET
LAUDERDALE LAKES FL 33319

Mailing Address

4331 N.W. 36TH STREET
LAUDERDALE LAKES FL 33319-5525

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

65-0816864
APPLIED FOR

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

COLEMAN, FRANK
2590 NW 34 TERR
LAUDERHILL LAKES FL 33319

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 PD
NAME COLEMAN, FRANK
STREET ADDRESS 2590 N.W. 34TH TERRACE
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Delete

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

TITLE SD
NAME SWAN, DEBORAH
STREET ADDRESS 1540 N.W. 31ST WAY
CITY-ST-ZIP LAUDERDALE LAKES FL 33311 ☒ Delete

TITLE SD
NAME Bastian, Pat
STREET ADDRESS 3080 N.W. 20th Street
CITY-ST-ZIP Ft Lauderdale, Florida 33311 ☐ Change ☒ Addition

TITLE TD
NAME BOWENS, JOHN F
STREET ADDRESS 4317 N.W. 45TH AVENUE
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Delete

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

TITLE D
NAME SMITH, ISSAC
STREET ADDRESS 2581 NW 56TH AVE SUITE C
CITY-ST-ZIP LAUDERHILL FL 33313 ☐ Delete

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

TITLE D
NAME POWELL, WAYNE
STREET ADDRESS 1874 NW 52 AVE
CITY-ST-ZIP SUNRISE FL 33313 ☐ Delete

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

TITLE D
NAME NESMITH, CARL
STREET ADDRESS 4249 NW 37 TERR
CITY-ST-ZIP LAUDERDALE LAKES FL 33311 ☐ Delete

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 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

5/15/00

Date

Daytime Phone #

CR2E037 (9/99)