

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0075220

DOCUMENT # N97000005825

1. Entity Name

LAUDERDALE LAKES BASKETBALL ASSOCIATION, INC.

04-08-2002 90221 024 ****61.25

Principal Place of Business

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

Mailing Address

**P.O. BOX 490338
LAUDERDALE LAKES FL 33349-0338**

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

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 *Frank J. Coleman*

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Clark, Tammie
7363 N.W. 47th Lane
Lauderhill, FL 33309** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BASTIAN, PAT
3080 NW 20TH STREET
FT. LAUDERDALE FL 33311** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D. Paulette Johnson
4001 N.W. 36th Way
Laud. Lks. FL 33309** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D TINIA Young
P.O. Box 771014
Coral Springs, FL 33077** ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NESMITH, CARL
4249 NW 37 TERR
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:

John F. Bowens **John F. Bowens, II 2/27/02 (954) 258-7558**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)