

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90359 045 ****61.25

DOCUMENT # N98000001155 1. Entity Name PARKLAND BASKETBALL CLUB, INC.					
Principal Place of Business 1015 UNIVERSITY DR #115 CORAL SPRINGS, FL 33065			Mailing Address 1015 UNIVERSITY DR #115 CORAL SPRINGS, FL 33065		
2. Principal Place of Business - No P.O. Box # 1515 UNIVERSITY DR.		3. Mailing Address 1515 UNIVERSITY DR			
Suite, Apt. #, etc. #115		Suite, Apt. #, etc. #115			
City & State CORAL SPRINGS		City & State CORAL SPRINGS		4. FEI Number 65-0817715	
Zip 33071		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOROWITZ, CRAIG J CPA 1515 UNIVERSITY DRIVE #115 CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to - Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BUTERBAUGH, JEB 10011 NW 58TH CT PARKLAND, FL 33076			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSS, STEVE 6562 NW 99TH AVE PARKLAND, FL 33067			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HOROWITZ, CRAIG 1515 UNIVERSITY DR. #115 CORAL SPRINGS, FL 33071			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WEINBERG, KEN 5817 NW 125TH AVE CORAL SPRINGS, FL 33076			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: CRAIG J. HOROWITZ 4/24/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	