

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000001206

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: ENGLEWOOD BASKETBALL FOUNDATION, INC.

Current Principal Place of Business:

1150 TIMBER TRAIL
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

1150 TIMBER TRAIL
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 65-0823815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ITTERSAGEN, SCOTT D
1861 PLACIDA ROAD
STE 204
ENGLEWOOD, FL 34223

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALKER, BARBARA C
Address: 1150 TIMBER TRAIL
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: BOYER, JACK
Address: P.O. BOX 5145
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: HALL, KATHERINE
Address: 67 MARKER ROAD
City-St-Zip: ROTONDA WEST, FL 33947

Title: D () Delete
Name: WEBER, JOE
Address: 1700 OVERBROOK ROAD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: POPE, CAROLYN
Address: 80 WENTWORTH ST
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: PILOTO, DEBRA
Address: 18 PEBBLE BEACH ROAD
City-St-Zip: ROTONDA WEST, FL 33947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA C. WALKER

D

05/01/2002

Electronic Signature of Signing Officer or Director

Date