

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90229 048 ****61.25

DOCUMENT # N98000001206

1. Entity Name

ENGLEWOOD BASKETBALL FOUNDATION, INC.



Principal Place of Business

**1150 TIMBER TRAIL
ENGLEWOOD FL 34223**

Mailing Address

**1150 TIMBER TRAIL
ENGLEWOOD FL 34223**

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 **65-0823815**

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, BARBARA C	
STREET ADDRESS	1150 TIMBER TRAIL	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOYER, JACK	
STREET ADDRESS	P.O. BOX 5145	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, KATHERINE	
STREET ADDRESS	67 MARKER ROAD	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBER, JOE	
STREET ADDRESS	1700 OVERBROOK ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POPE, CAROLYN	
STREET ADDRESS	80 WENTWORTH ST	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	PILOTO, DEBRA	
STREET ADDRESS	18 PEBBLE BEACH ROAD	
CITY-ST-ZIP	ROTONDA WEST FL 33947	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Ernst	
STREET ADDRESS	950 Benale Ave	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy Meals	
STREET ADDRESS	1325 Bayshore Dr	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Ernst	
STREET ADDRESS	950 Benale Ave	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of Barbara C Walker

4/25/03

**941-475-
9449**

CR2E037 (10/02)