

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002161

1. Entity Name

PALM BEACH YOUTH BASKETBALL TRAVEL LEAGUE, INC.

Principal Place of Business

177 U.S. HWY. ONE  
PMB #286  
TEQUESTA FL 33469

Mailing Address

177 U.S. HWY. ONE  
PMB #286  
TEQUESTA FL 33469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MAGGIO, ART  
300 FAIRWAY DRIVE NORTH  
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

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  
After September 12, 2001, min. will be \$236.25

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

TITLE D ☐ Delete  
NAME DOYLE, MIKE  
STREET ADDRESS 661 SW 5TH ST  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ Delete  
NAME DELANEY, BRUCE  
STREET ADDRESS 1907 LYNTON CIRCLE  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ Delete  
NAME MAGGIO, ART  
STREET ADDRESS 300 FAIRWAY DRIVE NORTH  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE D ☐ Delete  
NAME BLEECHER, ALLAN  
STREET ADDRESS 21326 GOSIER WAY  
CITY-ST-ZIP BOCA RATON FL 33429

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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 REQUIRED

FILED  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90003 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)