

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N99000002358

1. Entity Name

AAU FLORIDA GIRLS' BASKETBALL, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90048 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

101 SPANISH MOSS COURT  
ORLANDO FL 32828

P.O. BOX 780101  
ORLANDO FL 32878-0101

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

59-3598023

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

RODRIGUEZ, MAR  
101 SPANISH MOSS COURT  
ORLANDO FL 32828

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**

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

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

~~SECRETARY~~ SECRETARY

☐ Change

☒ Addition

JO-ANN MCCOY

822 PLATO AVE

ORLANDO FL 32809

CLUB LIASON

CLARE PEACOCK

1199 ALLIGATOR CREEK

CLEARWATER FL 33765

COACH LIASON

JON EAST

2021 LONG BRANCH LN

CLEARWATER FL 33760

TREASURER

RICHARD AWE

SIS HIBISCUS TRAIL

MELBOURNE BEACH FL 32951

VICE CHAIR

JOE BEST

2573 PINE COVE LN

CLEARWATER FL 33761

VICE CHAIR

JOHN BASILE

POBOX 561420

ORLANDO FL 32856

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 817, 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: MARISTORTEVEZQUILLO

2-28-00

407-273-0886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)