

DOCUMENT # F95000013287

1. Entity Name

SOUTH FLORIDA UMPIRING, INC.



FILED
Apr 17, 2006 08:00 AM
Secretary of State

Principal Place of Business

1275 S.W. 16TH STREET
BOCA RATON, FL 33486

Mailing Address

1275 S.W. 16TH STREET
BOCA RATON, FL 33486

04122006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI Number

65-0561460

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DENEEN, JERRY JR.
1275 S.W. 16TH STREET
BOCA RATON, FL 33486**DO NOT WRITE
IN THIS SPACE**

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 relocating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesU00000511091
04/29/06-80033-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DENEEN, JERRY JR.
STREET ADDRESS	1275 S.W. 16TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33486

TITLE	VPD
NAME	DENEEN, CHERYL
STREET ADDRESS	1275 SW 16TH ST
CITY-ST-ZIP	BOCA RATON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

Cheryl Deneen Cheryl Deneen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06 561-786-6827

Date

Daytime Phone #