

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000013287

1. Entity Name
SOUTH FLORIDA UMPIRING, INC.



Principal Place of Business
1275 S.W. 16TH STREET
BOCA RATON, FL 33486

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

2. Principal Place of Business - No P.O. Box #

Same as above

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262011

Chg-P

CR2E034 (11/08)

4. FEI 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

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. 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 \$150.00
After May 1, 2011 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DENEEN, JERRY JR.	
STREET ADDRESS	1275 S.W. 16TH STREET	
CITY - ST - ZIP	BOCA RATON, FL 33486	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DENEEN, CHERYL	
STREET ADDRESS	1275 SW 16TH ST	
CITY - ST - ZIP	BOCA RATON, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

800204577378
04/26/11--01022--009 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/2011

Date

Daytime Phone #

FILED

11 MAY -9 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5/1/2011