

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90155 040 \*\*\*150.00

**DOCUMENT # P990000023767**

1. Entity Name  
**BROWARD COUNTY UMPIRES ASSOCIATION, INC.**



Principal Place of Business  
**11031 N.W. 18TH STREET  
PEMBROKE PINES FL 33026**

Mailing Address  
**11031 N.W. 18TH STREET  
PEMBROKE PINES FL 33026**

2. Principal Place of Business

**17903 SW 13th St.**

3. Mailing Address

**17903 SW 13th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Pembroke Pines, FL**

City & State  
**Pembroke Pines, FL**

4. FEI Number  
**65-0919697**

Applied For  
☐ Not Applicable

Zip  
**33029**

Country

Zip  
**33029**

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PATTERSON, RONALD E  
11031 N.W. 18TH STREET  
PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

Name  
**Whitney, Stephen**

Street Address (P.O. Box Number is Not Acceptable)

**17903 SW 13th St.**

City  
**Pembroke Pines** **FL** Zip Code  
**33029**

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

(NOTE: Registered Agent signature required when reinstating)

**2/24/2003**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
**D**  
NAME  
**PATTERSON, RONALD E** ☒ Delete  
STREET ADDRESS  
**11031 N.W. 18TH STREET**  
CITY-ST-ZIP  
**PEMBROKE PINES FL 33026**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director Stephen Whitney** ☒ Change ☐ Addition  
**17903 SW 13th Street**  
**Pembroke Pines, FL 33029**

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

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

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

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

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

CR2E034 (10/02)

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 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 information empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/2003** **954 614 8163**  
Date Daytime Phone #