

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000006813

**Entity Name:** BREAKERS BASKETBALL INC.

**Current Principal Place of Business:**

20423 STATE ROAD 7, STE. F6 #272  
BOCA RATON, FL 33498

**Current Mailing Address:**

20423 STATE ROAD 7, STE. F6 #272  
BOCA RATON, FL 33498 US

**FEI Number:** 82-2055612

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WEAVER, JASON  
20423 STATE ROAD 7, STE. F6 #272  
BOCA RATON, FL 33498 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name WEAVER, JASON  
Address 20423 STATE ROAD 7, STE. F6 #272  
City-State-Zip: BOCA RATON FL 33498

Title D  
Name SHAVELSON, LISA  
Address 20423 STATE ROAD 7, STE. F6 #272  
City-State-Zip: BOCA RATON FL 33498

Title D  
Name WEAVER, MYRA  
Address 1708 N. 40TH AVE.  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name SHAVELSON, KEN  
Address 6747 MILANI STREET  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name SCHNEIDER, ADAM  
Address 9825 MARINA BLVD. STE 100  
City-State-Zip: BOCA RATON FL 33428

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JASON WEAVER

**EXECUTIVE DIRECTOR**

**05/01/2018**

Electronic Signature of Signing Officer/Director Detail

Date