

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-16-2002 90025 008 ****61.25

DOCUMENT # N98000005214

1. Entity Name

J.P.T. GIRLS' FASTPITCH SOFTBALL BOOSTER CLUB, I NC.

Principal Place of Business

Mailing Address

**C/O FRAN ACKERMAN
 1979 NW 81 AVENUE
 CORAL SPRINGS FL 33071**

**C/O FRAN ACKERMAN
 1979 NW 81 AVENUE
 CORAL SPRINGS FL 33071**

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

65-0860307

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

**ACKERMAN, FRAN
 1979 NW 81 AVENUE
 CORAL SPRINGS FL 33071**

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 **ACKERMAN, FRAN**
 STREET ADDRESS **1979 NW 81 AVENUE**
 CITY-ST-ZIP **POMPANO BEACH FL 33071**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD LOSS, RICHARD**
 STREET ADDRESS **11561 NW 4TH MANOR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE Change Addition
 NAME **Vice President - Director Christina Duseshe**
 STREET ADDRESS **423 NW 115 TERRACE**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE Delete
 NAME **TDS CARFIELLO, DEBRA**
 STREET ADDRESS **220 NW 108 AVENUE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE Change Addition
 NAME **President - Director Barbara Lataman**
 STREET ADDRESS **9259 NW 19th ST**
 CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE Delete
 NAME **S DUCHESNE, CRISTINA**
 STREET ADDRESS **423 NW 115TH TERRACE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE Change Addition
 NAME **Secretary - Director Laurie Meyer**
 STREET ADDRESS **1306 NW 86 Way**
 CITY-ST-ZIP **Coral Springs FL 33071**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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: Fran Ackerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

Date

954-344-8917

Daytime Phone

CP2E037 (9/01)