

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jun 25, 2003 8:00 am
Secretary of State

06-25-2003 90073 019 ****70.00

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DOCUMENT # N99000000318

1. Entity Name
VIKINGS TRACKS BOOSTER CLUB, INC.



Principal Place of Business Mailing Address

17121 NW 12TH AVENUE **17121 NW 12TH AVENUE**
MIAMI FL 33169 **MIAMI FL 33169**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0903976** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAILEY, ABE A ESQ
18350 N.W. 2ND AVENUE
5TH FLOOR
MIAMI FL 33169

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	EDMAN, DEANNE	
STREET ADDRESS	701 NW 210TH ST., #218	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIMMONS, SHERRYL	
STREET ADDRESS	17121 NW 12TH AVE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	TT	<input type="checkbox"/> Delete
NAME	JOHNSON, DORIS	
STREET ADDRESS	2031 NW 184TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTGOMERY, BRENDA	
STREET ADDRESS	6960 SW 36TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
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 10

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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Doris Johnson* **REQUIRED** **5/27/03 (305)624-6804**

CR2E037 (10/02)