

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90439 009 ****70.00

DOCUMENT # N00000002859

1. Entity Name

KILLIAN GIRL'S SOFTBALL BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

**12410 SW 113 AVE
 MIAMI FL 33176**

**12410 SW 113 AVE
 MIAMI FL 33176**

2. Principal Place of Business

3. Mailing Address

**12523 SW 107 CT
 Suite, Apt. #, etc.**

**12523 SW 107 CT
 Suite, Apt. #, etc.**

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

65-1002855

Applied For

Not Applicable

Zip

Country

33176-4600 USA

Zip

Country

33176-4600 USA

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

**HERRICK, GLEN
 12410 SW-113 AVE
 MIAMI FL 33176**

Name

DAVID A. RICKS

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

12523 SW 107 CT

City

Miami

FL

Zip Code

33176-4600

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

David A. Ricks, president 6/17/02

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 **PD** ☒ Delete
 NAME **HERRICK, GLEN**
 STREET ADDRESS **12410 SW 113 AVE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **PD** ☐ Change ☒ Addition
 NAME **RICKS, DAVID A.**
 STREET ADDRESS **12523 SW 107 CT**
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **DV** ☒ Delete
 NAME **HAGGERTY, LAURA**
 STREET ADDRESS **9056 SW 112 PLACE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **DV** ☐ Change ☒ Addition
 NAME **McGee, Thomas**
 STREET ADDRESS **8050 SW 92 Ave.**
 CITY-ST-ZIP **Miami, FL 33143**

TITLE **SD** ☒ Delete
 NAME **MEDINA, MARTHA C**
 STREET ADDRESS **10323 SOUTHWEST 142ND STREET**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **SD** ☐ Change ☒ Addition
 NAME **MAYFIELD, LINDA C.**
 STREET ADDRESS **11812 S.W. 1106 Ave.**
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **TD** ☐ Delete
 NAME **KRESSEL, ROBERTA**
 STREET ADDRESS **13525 SW 103 CT**
 CITY-ST-ZIP **MIAMI FL 33176**

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

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:

David A. Ricks, President 6/17/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)