2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000002859

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

KILLIAN	GIRL'S SOFTBALL BOOSTE	R CLUB, INC.		$\mathcal{O}_{\mathcal{O}}$				
Principal Pla	ce of Business	Mailing Address						
12410 SW 113 MIAMI FL 331		12410 SW 113 AVE MIAMI FL 33176			<u>.</u>			
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2. Principal	Place of Business	3. Mailing Address						
	SWIDT CT	12523 Sw	167 0	. T	18 16) 10 16 10 16 10 16 1016 1)		
Suite, Ap		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	S SPACE		
City & Sta	mi FL	City & State	FL	4. FEI Number	65-1002855		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Add	ditional	! !
ع/ زدد	6. Name and Address of Current	33176~4600 t Registered Agent	<u>use</u>		ddress of New Registered		eu .	l
	o. Hame and Address of Carlons	Tiogiotolog Agent	Name			-		
HERRICK,	CI EN			OAVID Address (P.O. Box Number is	9、 たしてに s Not Acceptable)	>		i
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MAMI FL	33176		125	273 217 12				!
3			City	niami	F	L 3317	6-7 PO	2
8. The above	e named entity submits this statement fo	or the purpose of changing its r	registered office o	r registered agent, or both, i	in the state of Florida.		•	
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SIONATURE.	Q.000	Davi	146.6	Dicks on	eidont l	117/	60	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	AA. T Registered Agent signal	Links, pre	sident L	17/	<u>62</u>	
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signal		sident L	17/	<i>p</i> 2	
SIGNATURE		t and title if applicable. (NOTE:		ture required when reinstating)	DATE			
SIGNATURE	Signature, typed or printed name of registered agent		paign Financing		Make Che	ck Payable	to	
SIGNATURE	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Make Che Departm	ck Payable ent of State	to e	
SIGNATURE	FILE NOW: FEE IS \$61.25 OFFICERS AND DI	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Make Che	ck Payable ent of State	to 3	
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FILED

Jun 25, 2002 8:00 am Secretary of State

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:

STREET ADDRESS

CITY-ST-ZIP