## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N0000007405 1. Entity Name

## ENCHANTERS BOOSTER CLUB, INC.

Principal Place of Business Mailing Address

## FILED Feb 28, 2001 8:00 am Secretary of State 02-28-2001 90089 035 \*\*\*\*61.25

FILE NOW:  FEE IS \$61.25  9. Election Campaign Financing Frust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	15255 SW 96 STREET MIAMI FL 33196		15255 SW 96 STREET MIAMI FL 33196			00020316				
Suite. Apt. #, etc.  City & State  Country  Country  Country  Country  Country  Country  Country  Exp  Country  Ex	2. Principal Pla	ice of Business	3. Mailing Address							
Zip Country Zip Country 5. Certificate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.			1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Applicate of Status Desired   Se.75 Actitional Fee Required    6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    Name   Name   Name   Street Address (P.O. Box Number is Not Acceptable)    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 required when renatively   Signature required when renatively    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FEE IS \$61.25   Trust Fund Contribution.   Address Special Properties    FILE NOW: FILE NOW: FILE NOW: FILE NOW: FILE NOW: FILE NOW	City & State		City & State			4. FEI Numbe	150005			
6. Name and Address of Current Registered Agent  Name  LARA, IRIS 7601 SW 142ND AVE MIAMI FL 33163  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, pend or pritted name of entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE  SIGNATURE  Signature, pend or pritted name of entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE  S	Zip	Country Zip		Country			_	\$8.75 Add	litional	
LARA, IRIS 7601 SW 142ND AVE MIAMI FL 33183  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, feet or privide name of earthered agent and site 4 applicable. (NOTE Agreemed Agent signature required when remaining)  FILE NOW:  FILE NOW:  9. Election Campaign Financing Trust Fund Contribution.  Trust Fund Contribution.  Added to Fees  Make Check Payable to Department of State  Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  MAME LARA, IRIS  STREET ADDRESS  UTV-51-2P  MIAMI FL 33196  TITLE  BUCK, DARLENE  15255 SW 96 STREET  MIAMI FL 33196  TITLE  MAME STREET ADDRESS  ST		6 Name and Address of Current	Registered Agent			7 Name and	Address of New Register		<u> </u>	
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  SI		o. Name and Address of Current	negistered Agent	Name		7. Name and	Address of New Register	eu Agent		
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MIAMI FL 33183    City   FL   Zip Code				Street	Address (	(P.O. Box Numbe	r is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.  SIGNATURE  SIGNATURE  FILE NOW: FEE IS \$61.25  P. S. Election Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TITLE NAME LARA, IRIS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196  OIV-ST-ZIP										
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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		L certify that the information supplied w	ith this filing does not qualify fo		stated in 9	Section 119.07(3)	(i), Florida Statutes, I furth	er certify that the	information	1

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:

Dac

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #