

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

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90089 036 ****61.25

DOCUMENT # NO1000002509

1. Entity Name
HOOP TO HOOP WOMEN'S BASKETBALL ASSOCIATION, INC



Principal Place of Business
P.O. BOX 817593
HOLLYWOOD FL 33081

Mailing Address
P.O. BOX 817593
HOLLYWOOD FL 33081

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 65-0995915

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WADE LESTER, BRENDA
3519 N.W. 32ND STREET
LAUDERDALE LAKES FL 33309

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WADE, LINDA A	
STREET ADDRESS	5704 SW 18 ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTGOMERY, IDA P	
STREET ADDRESS	4241 SW 24 ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	WADE LESTER, BRENDA	
STREET ADDRESS	3519 NW 32 ST	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Brenda Wade Lester*

5/1/03

(954) 735-1436

CR2037 (10/02)