

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90041 015 ****61.25

DOCUMENT # N01000003492

1. Entity Name

SOUTH FLORIDA GIRLS BASKETBALL FOUNDATION, INC.

Principal Place of Business

Mailing Address

2000 S. BAYSHORE DR., VILLA 18
 COCONUT GROVE FL 33133

2000 S. BAYSHORE DR., VILLA 18
 COCONUT GROVE FL 33133

839063



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13611 Deering Bay Drive

13611 Deering Bay Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Siena 1101

Siena 1101

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip

Country

Zip

Country

33158

USA

33158

USA

4. FEI Number

65-1101701

Applied For

Not Applicable

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

WILLIAMS, WILLIAM TERRY
 2000 S. BAYSHORE DR., VILLA 18
 COCONUT GROVE FL 33133

*new
 address
 only*

Name

Williams, William Terry

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

13611 Deering Bay Drive

Siena 1101

City

Coral Gables

FL

Zip Code

33158

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, 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	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, WILLIAM TERRY	
STREET ADDRESS	2000 S. BAYSHORE DR., VILLA 18	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, CHRISTINE D	
STREET ADDRESS	2000 S. BAYSHORE DR., VILLA 18	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, WILLIAM M	
STREET ADDRESS	17901 SW 89TH AVE.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13611 Deering Bay Drive, Siena 1101	
CITY-ST-ZIP	Coral Gables, FL 33158	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13611 Deering Bay Drive, Siena 1101	
CITY-ST-ZIP	Coral Gables, FL 33158	
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		
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:

William Terry Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

Date

305-215-8515

Daytime Phone #

CR2E037(9/01)