

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90106 013 ****61.25

DOCUMENT # N02000007031

1. Entity Name

FLORIDA NETBALL ASSOCIATION OF SOUTH FLORIDA, IN C.



Principal Place of Business

**9965 MIRAMAR PARKWAY
SUITE 260
MIRAMAR FL 33025**

Mailing Address

**9965 MIRAMAR PARKWAY
SUITE 260
MIRAMAR FL 33025**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

84-1617954

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

**DUNBAR, ALICIA A
2123 CHAMPIONS WAY
NORTH LAUDERDALE FL 33068**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
NAME **BAILEY, GRACE**
STREET ADDRESS **2916 RIVERRUN CIRCLE W**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **SD** ☒ Delete
NAME **WHYTE, GRACE**
STREET ADDRESS **1520 NW 62ND TERRACE**
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **TD** ☒ Delete
NAME **DUNBAR, ALICIA**
STREET ADDRESS **2123 CHAMPIONS WAY**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition
NAME **CALAME, DAPHNEY**
STREET ADDRESS **20106 NW 28th Court**
CITY-ST-ZIP **Coral Gables, FL 33057**

TITLE **TD** ☐ Change ☒ Addition
NAME **BROOKS, SANDRA**
STREET ADDRESS **6528 SW 26 Street**
CITY-ST-ZIP **Miramar, FL 33023**

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

5/1/02 (64) 663-4810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)