

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90101 003 *****61.25

DOCUMENT # N02000007309

1. Entity Name

LADY LIGHTNING VOLLEYBALL BOOSTER CLUB, INC.



Principal Place of Business

**2301 NE 191 STREET
NORTH MIAMI BEACH FL 33180**

Mailing Address

**2301 NE 191 STREET
NORTH MIAMI BEACH FL 33180**

2. Principal Place of Business

2301 NE 193 St.

3. Mailing Address

2301 NE 193 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. FEI Number

43-1913723

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SECONDO, TERRY
2301 NE 191 STREET
NORTH MIAMI BEACH FL 33180**

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	<input type="checkbox"/> Delete
NAME	SECONDO, TERRY	
STREET ADDRESS	2301 NE 191 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	VD	<input type="checkbox"/> Delete
NAME	YARCHIN, BARRY	
STREET ADDRESS	2301-NE-191-STREET-	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARZO, JOAN	
STREET ADDRESS	1302 NE 191 STREET #225	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ORVIETO, MARCIA	
STREET ADDRESS	1990 NE 197 TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2301 NE 193 Street	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2051 NE 208 Street	
CITY-ST-ZIP	North Miami Beach 33179	
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:

Signature Required

JOAN MARZO

4-2-03

305 9493664

CR2E037 (10/02)