

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90958 014 ****61.25

0034631

DOCUMENT # NO2000007461

1. Entity Name

PIPER BENGALS CHEERLEADING BOOSTER CLUB, INC.



Principal Place of Business

**8000 N.W. 44TH ST.
SUNRISE FL 33351**

Mailing Address

**8000 N.W. 44TH ST.
SUNRISE FL 33351**

11060701



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3716346

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ERVAY, MARY A
3825 NW 94TH AVE.
SUNRISE FL 33351**

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 **PD** ☐ Delete
NAME **GREENBAUM, MICHELE**
STREET ADDRESS **3625 NW 111 TERR.**
CITY-ST-ZIP **SUNRISE FL 33351**

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

TITLE **VD** ☐ Delete
NAME **BROWN, CHERYL**
STREET ADDRESS **9763 W. GRAND DUKE CIR.**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **Glenn IKalina - VD** ☒ Change ☐ Addition
NAME **10740 NW 21 CT**
STREET ADDRESS **SUNRISE, FL, 33322**
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **GALLAGHER, KAREN**
STREET ADDRESS **4434 NW 99 TERR.**
CITY-ST-ZIP **SUNRISE FL 33351**

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

TITLE **SD** ☐ Delete
NAME **IKALINA, GLENN**
STREET ADDRESS **10740 NW 21 CT.**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **Lezondra Harris - SD** ☒ Change ☐ Addition
NAME **8060 NW 51 CT**
STREET ADDRESS **Lauderhill, FL 33351**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 **Michele Greenbaum - President** **42303-954-328-1852**

CR2E037 (10/02)