

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000000651

1. Entity Name
THE EVERGLADES BASEBALL BOOSTER CLUB, INC.



Principal Place of Business
15734 S.W. 40 STREET
MIRAMAR, FL 33027

Mailing Address
15734 S.W. 40 STREET
MIRAMAR, FL 33027

FILED
06 SEP 25 PM 4: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06
09192006 REIN-NP CR2E099(11/05)

2. Principal Place of Business

15960 SW 16 St

3. Mailing Address

15960 SW 16 St

State, Apt. #, etc.

Pembroke Pines

State, Apt. #, etc.

Pembroke Pines, FL

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33027

Country

USA

Zip

33027

Country

USA

4. FCI Number

04-3783994

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALENTIN, MARY
17454 NW 11TH STREET
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent

Name Luis Caballero

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

2213 N.W. 208 Terr.

City Pembroke Pines

FL

Zip Code 33029

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

Luis Caballero

9/22/06

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

After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME VERA, TAMMY
STREET ADDRESS 17363 S.W. 19 STREET
CITY-STATE-ZIP MIRAMAR, FL 33029 ☒ Delete

TITLE T
NAME VERA, LILLIAN
STREET ADDRESS 1571 S.W. 19 TERR
CITY-STATE-ZIP PEMBROKE PINES, FL 33029 ☒ Delete

TITLE VP
NAME VALENTIN, MARY
STREET ADDRESS 17454 NW 11TH STREET
CITY-STATE-ZIP PEMBROKE PINES, FL 33029 ☒ Delete

TITLE S
NAME PRICTO, ROSY
STREET ADDRESS 15734 SW 40 ST
CITY-STATE-ZIP MIRAMAR, FL 33027 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME Luis Caballero
STREET ADDRESS 2213 NW 208 Terr
CITY-STATE-ZIP Pembroke Pines, FL 33029 ☒ Change ☐ Addition

TITLE T
NAME Elizabeth Padro
STREET ADDRESS 6487 N.W. 197 Lane
CITY-STATE-ZIP Hialeah, FL 33015 ☒ Change ☐ Addition

TITLE VP
NAME Gary Spencer
STREET ADDRESS 310 NW 204 Ave.
CITY-STATE-ZIP Pembroke Pines, FL 33029 ☒ Change ☐ Addition

TITLE S
NAME Nannette Rodriguez
STREET ADDRESS 15960 SW 16 Street
CITY-STATE-ZIP Pembroke Pines, FL 33027 ☒ Change ☐ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Luis Caballero

9/22/06

786-402-8655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone