

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90019 048 ****61.25

DOCUMENT # N45440

1- Entity Name

SOUTH DADE BASEBALL BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

16880 SW 277 ST
 HOMESTEAD FL 33031
 US

24575 SW 193 AVE
 HOMESTEAD FL 33031-3418
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

18305 SW 292 STREET

18305 SW 292 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HOMESTEAD

City & State
HOMESTEAD FLORIDA

City & State
HOMESTEAD FLORIDA

4. FEI Number
65-0395768

Applied For
 Not Applicable

Zip
33030

Country
USA

Zip
33030

Country
USA

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

GUEST, JAMES M.
15600 SW 288 ST., #310
HOMESTEAD FL 33030

Name
James M. Guest
 Street Address (P.O. Box Number is Not Acceptable)
15600 SW 288 ST #201

City **Homestead** FL Zip Code **33083**

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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERCE, MARJORIE 18955 SW 264 ST HOMESTEAD FL 33031 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELMS, ROBERT 16880 SW 277 ST HOMESTEAD FL 33031 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWN, RICK 27700 SW 164 CT HOMESTEAD FL 33031 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, JUDITH 24575 SW 193 AVE HOMESTEAD FL 33031 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. CORNELIUS, KAREN 31160 SW 195 AVE HOMESTEAD FL 33030 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMS, AL 15381 SW 258 ST HOMESTEAD FL 33032 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. PATTI DALY 27531 SW 167 AVE HOMESTEAD, FLA 33031 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HEIDI SAMS 15381 SW 258 STREET HOMESTEAD, FL 33032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DEBI HALL 14540 SW 294 STREET HOMESTEAD FLA 33031 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JANE LYONS 18305 SW 292 STREET HOMESTEAD FLA 33030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ELIZABETH CANCEL 13746 SW 181 STREET MIAMI, FLA. 33177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. SAMS, AL 15381 SW 258 STREET HOMESTEAD FL 33032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (9/99)