

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N45440

FILED  
Sep 12, 2002  
Secretary of State

**Entity Name:** SOUTH DADE BASEBALL BOOSTER CLUB, INC.

**Current Principal Place of Business:**

18305 SW 292 STREET  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

16900 S.W. 278 STREET  
HOMESTEAD, FL 33031 US

**Current Mailing Address:**

18305 SW 292 STREET  
HOMESTEAD, FL 33030 US

**New Mailing Address:**

16900 S.W. 278 STREET  
HOMESTEAD, FL 33031 US

**FEI Number:** 65-0395768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUEST, JAMES M.  
15600 SW 288 ST 201  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: DALY, PATTI  
Address: 27531 SW 167 AVE  
City-St-Zip: HOMESTEAD, FL 33031

Title: D ( ) Delete  
Name: SAMS, HEIDI  
Address: 15381 SW 258 STREET  
City-St-Zip: HOMESTEAD, FL 33032

Title: D ( ) Delete  
Name: HALL, DEBI  
Address: 18540 SW 244 STREET  
City-St-Zip: HOMESTEAD, FL 33031

Title: T ( ) Delete  
Name: LYONS, JANE  
Address: 18305 SW 292 STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: V (X) Delete  
Name: CORNELIUS, KAREN  
Address: 31160 SW 195 AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: SAMS, AL  
Address: 15381 SW 258 ST  
City-St-Zip: HOMESTEAD, FL 33032

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: WESTCOTT, MICHELLE  
Address: 731 N.W. 9 STREET  
City-St-Zip: HOMESTEAD, FL 33031

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SALOMATOFF, VLADIMIR  
Address: 16900 S.W. 278 STREET  
City-St-Zip: HOMESTEAD, FL 33031

Title: T (X) Change ( ) Addition  
Name: POLK, CHRISTINE  
Address: 1663 N.W. 6 AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** VLADIMIR SALOMATOFF

D

09/12/2002

Electronic Signature of Signing Officer or Director

Date