

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

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

04-28-2003 91454 046 ****70.00

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1. Entity Name

DOLPHINETTES OF MIAMI BOOSTERS, INC.



Principal Place of Business

**14704 SW 83 CT
MIAMI FL 33158
US**

Mailing Address

**14704 SW 83 CT
MIAMI FL 33158
US**

2. Principal Place of Business

9401-SW 118 Terence

Suite, Apt. #, etc.

3. Mailing Address

9401-SW 118 Terence

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33176

Country

US

Zip

33176

Country

US

4. FEI Number **65-0549906**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~ANDERSON, NANCY
14704 SW 83 CT
MIAMI FL 33158~~

7. Name and Address of New Registered Agent

Name

Debra J. Siegel

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

9401-SW 118 Terence

City

Miami

FL

Zip Code

33176

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)

Debra J. Siegel, Terence

3/23/03

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	DP	<input type="checkbox"/> Delete
NAME	ANDERSON, NANCY	
STREET ADDRESS	14704 SW 83 CT	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KURU, CARLA	
STREET ADDRESS	14741 SW 83 CT	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLCOMB, LESLEY	
STREET ADDRESS	15505 SW 77 CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARITA J. JENKINS	
STREET ADDRESS	10235 SW 106 ST.	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, DEBRA	
STREET ADDRESS	9401-SW 118 Terence	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, CINDY	
STREET ADDRESS	19023 SW 96 Avenue	
CITY-ST-ZIP	MIAMI, FL 33157	
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:

JENNIFER L. CHILDS

4/28/03

CR2E037 (10/02)