

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002285

1. Entity Name

BENGAL BASEBALL BOOSTERS, INC.



FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90008 002 ****80.00

Principal Place of Business

Mailing Address

8601 NW 52ND COURT
LAUDERHILL FL 33351
US

8601 NW 52ND COURT
LAUDERHILL FL 33351-4812
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0683114

Applied For

Not Applicable

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

SOMERS, K. TINA
8601 NW 52ND CT
LAUDERHILL 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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME COLLARD, CATHY
STREET ADDRESS 10501 NW 21ST STREET
CITY-ST-ZIP SUNRISE FL 33322 ☒ Delete

TITLE PRES/DIR.
NAME Epstein, CAROL
STREET ADDRESS 7920 N.W. 44th Ct.
CITY-ST-ZIP LAUDERHILL, FL 33351 ☒ Change ☐ Addition

TITLE VD
NAME FELLER, LARRY
STREET ADDRESS 5481 NW 81ST TERR
CITY-ST-ZIP LAUDERHILL FL 33351 ☒ Delete

TITLE V.PRES/DIR.
NAME COLLARD, CATHY
STREET ADDRESS 10501 N.W. 21st St.
CITY-ST-ZIP SUNRISE, FL 33322 ☒ Change ☐ Addition

TITLE TD
NAME CROOK, JEAN
STREET ADDRESS 4134 NW 79TH AVE
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

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

TITLE SD
NAME SOMERS, TINA
STREET ADDRESS 8601 NW 52ND CT
CITY-ST-ZIP LAUDERHILL FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

6-8-00