

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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90235 044 \*\*\*\*61.25

**DOCUMENT # N96000005260**

1. Entity Name

**SOUTHRIDGE HOMERUN CLUB, INC.**



Principal Place of Business

**7460 SW 130TH STREET  
MIAMI FL 33156**

Mailing Address

**7460 SW 130TH STREET  
MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0852976**

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

**PARKS, LARRY D  
7460 SW 130TH STREET  
MIAMI FL 33156**

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. 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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	<b>D</b>	<b>HERNANDEZ, FRANK</b>	<b>16690 SW 199 STREET MIAMI FL 33187</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Vice President</b>	<b>Philip Roy</b>	<b>9240 Nautilus Drive MIAMI, FL 33189</b>
<input type="checkbox"/> Delete	<b>PD</b>	<b>RUMENIK, PETER</b>	<b>19260 SW 222 ST MIAMI FL 33170</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>TRADUCCER</b>	<b>CHRISTINE ROGERS</b>	<b>14634 SW 161 COURT MIAMI FL 33194</b>
<input checked="" type="checkbox"/> Delete	<b>TD</b>	<b>MANASA, ELAINE</b>	<b>21650 SW 188 AVENUE MIAMI FL 33170</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>SD</b>	<b>RUMENIK, JOY</b>	<b>19260 SW 222 STREET MIAMI FL 33170</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input 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**

**2-14-03**

**305-246-5096**

CR2E037 (10/02)