

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005214

1. Entity Name

J.P.T. GIRLS' FASTPITCH SOFTBALL BOOSTER CLUB, I

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90131 018 ****61.25

Principal Place of Business

Mailing Address

% MICHAEL BLIGH C/O
1470 NW 93RD TERR
CORAL SPRINGS FL 33071

% MICHAEL BLIGH
1470 NW 93RD TERR
CORAL SPRINGS FL 33071-6036

2. Principal Place of Business

C/O Fran Ackerman

3. Mailing Address

C/O Fran Ackerman

Suite, Apt. #, etc.

1979 NW 81 Ave.

Suite, Apt. #, etc.

1979 NW 81 Ave.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33071

Country

USA

Zip

33071

Country

USA

4. FEI Number

65-0860307

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLIGH, MICHAEL
1470 NW 93RD TERR
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name Fran Ackerman

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

1979 NW 81st Ave.

City

Coral Springs

FL

Zip Code

33071

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

Fran Ackerman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/20/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BLIGH, MICHAEL	
STREET ADDRESS	1470 NW 93RD TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HAMLIN, PAULA	
STREET ADDRESS	477 NW 99TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ACKERMAN, FRAN	
STREET ADDRESS	1979 NW 81 AVE.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MEYER, LAURIE	
STREET ADDRESS	1306 NW 86TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fran Ackerman	
STREET ADDRESS	1979 NW 81 Ave.	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alice Smith	
STREET ADDRESS	8594 NW 8th Ct.	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	Debra Carafello TD/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	220 NW 108th Ave.	
STREET ADDRESS	Coral Springs, FL 33071	
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:

Fran Ackerman President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

DATE

954-344-8917

DAYTIME PHONE #

CR2E037 (9/99)