

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90049 009 ****61.25

DOCUMENT # N98000007126

1. Entity Name

LIGHTNING BASEBALL BOOSTER CLUB, INC.



Principal Place of Business

Mailing Address

C/O PATRICIA PENA
 19665 NE 11TH COURT
 NORTH MIAMI BEACH FL 33179
 US

C/O PATRICIA PENA
 19665 NE 11TH COURT
 NORTH MIAMI BEACH FL 33179
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o Barbara Gener

3. Mailing Address
c/o Barbara Gener

Suite, Apt. #, etc.
19920 Highland Lakes Blvd.

Suite, Apt. #, etc.
19920 Highland Lakes Blvd.

City & State
Miami, FL 33179

City & State
Miami, FL

4. FEI Number **65-0882579**

Applied For
 Not Applicable

Zip
33179

Country
USA

Zip
33179

Country
USA

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

PENA, PATRICIA
19665 NE 11TH COURT
MIAMI FL 33179

Name
Barbara Gener
 Street Address (P.O. Box Number is Not Acceptable)
19920 Highland Lakes Blvd.

City
Miami **FL** Zip Code
33179

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: *Barbara Gener*
 Signature, typed or printed name of registered agent and title if applicable.

Barbara Gener
 (NOTE: Registered Agent signature required when reinstating)

8/27/02
 DATE

After September 13, 2002,
min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	VD GRIFFITH, JEANNE 1089 NE 204 TERRACE NORTH MIAMI BEACH FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESTES, DIANA 675 NE 93 STREET MIAMI SHORES FL 33138	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTD PENA, PATRICIA 19665 NE 11TH COURT N MIAMI BEACH FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gener, Barbara 19920 Highland Lakes Blvd. Miami, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Ortega, Marlene 217 SW 3rd Street Hallandale, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD Prats, Elaine 18999 North Bay Road Miami Beach, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

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: *Barbara Gener* **BARBARA GENER** *8/27/02*