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

DOCUMENT # N 99000000367 Cooper City Softball Booster Club Inc 02 MAY 15 PM 2: 39 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE Mailing Address 2. Principal Place of Business Grove Place 0512 0512 Grove Place Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State <u>650887444</u> Not Applicable .00*021* \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent Name DO-NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FEE IS \$61.25 \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees Initial or Amended UBR OFFICERS AND DIRECTORS 10. Kresident and Director TITLE TITLE Rosalie Warren 10661 Paris St Cooper City, Fl 300005678343---06/04/02--01086--010 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Vice President and Director TITLE TITLE Jill Struzenberg NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Cooper City FL Treasurer and Director TITLE Barbara Tountain NAME STREET ADDRESS STREET ADDRESS 0512.Grpue Looper City DO-NOT-WRITE city=St-Zie== CITY ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE, NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP TITLE TIT! E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 on an attachment with an address all other like empowered SIGNATURE:

Daytime Phone #

## Wendell Nichols & Company

CERTIFIED PUBLIC ACCOUNTANTS 7791 NORTHWEST 146<sup>TH</sup> STREET MIAMI LAKES, FLORIDA 33016-1559

WENDELL I. NICHOLS, C.P.A. DENNIS D. NICHOLS, C.P.A. GREGORY A. NICHOLS, C.P.A.

TELEPHONE (305) 823-6533 FAX (305) 823-3811 MEMBERS:
AMERICAN INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

April 16, 2002

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE:

Cooper City Softball Booster Club, Inc.

DOCUMENT#

N99000000367

To Whom It May Concern:

During the process of filing the 2002 Uniform Business Report, the Cooper City Softball Booster Club, Inc. learned that there was a problem with their 2001 filing. They discovered that the 2001 form did not list each officer as also a director. Apparently you had sent them a notice regarding this, which they did not receive. The mailing address on file was that of a former officer, who will not forward any mail and is extremely uncooperative. She refuses to turn over any records to the Club. Accordingly the Club did not learn of their administrative dissolution until recently. After calling your office, we were told that we could file a Corporation Reinstatement Form. This form is enclosed. We were also informed that we could request a waiver of the reinstatement fee if the circumstances were explained. We ask that you waive the fee for reinstatement. Enclosed is a copy of the original filing of the 2001 Report for your reference.

Also enclosed is the 2002 Uniform Business Report with a check in the amount of \$61.25.

Thank you for your consideration.

Sincerely

Gregory A. Nichols

Certified Public Accountant

Encl: As stated