

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

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90219 044 \*\*\*\*61.25

**DOCUMENT # N99000000367**

1. Entity Name

COOPER CITY SOFTBALL BOOSTER CLUB, INC.



Principal Place of Business

10512 GORVE PLACE  
COOPER CITY FL 33328

Mailing Address

10512 GORVE PLACE  
COOPER CITY FL 33328

**55046861**

2. Principal Place of Business

4930 SW 90 AVE

3. Mailing Address

4930 SW 90 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

COOPER CITY FL

City & State

COOPER CITY FL

4. FEI Number 65-0887444

Applied For

Not Applicable

Zip  
33328

Country

Zip

33328

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, BARBARA  
10512 GROVE PLACE  
COOPER CITY FL 33328

7. Name and Address of New Registered Agent

Name JILL HALLOY

Street Address (P.O. Box Number is Not Acceptable)  
4930 SW 90 AVE

City COOPER CITY

FL

Zip Code

33328

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

*Jill A. Halloy*

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

(NOTE: Registered Agent signature required when reinstating)

4/30/03

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WARREN, ROSALIE	
STREET ADDRESS	10661 PARIS ST.	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STRUZENBERG, JILL	
STREET ADDRESS	5900 SW 89 LANE	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FOUNTAIN, BARBARA	
STREET ADDRESS	10512 GROVE PLACE	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDY MILLIKEN	
STREET ADDRESS	5240 SW 115 AVE	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JILL HALLOY	
STREET ADDRESS	4930 SW 90 AVE	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	VP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELLE GIULIANO	
STREET ADDRESS	5108 SW 121 AVE	
CITY-ST-ZIP	COOPER CITY FL 33330	
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		
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:

*Jill A. Halloy*

Signature typed or printed name of signing officer or director

4/30/03

DATE

954 680-8808

Daytime Phone #

CR2E037 (10/02)