

FILED

Jun 09, 2003 8:00 am
Secretary of State

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

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

5

DOCUMENT # N99000000367

1. Entity Name
COOPER CITY SOFTBALL BOOSTER CLUB, INC.



Principal Place of Business
10512 GROVE PLACE
COOPER CITY FL 33328

Mailing Address
10512 GROVE 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.



CHECK HERE IF MAKING CHANGES

City & State
COOPER CITY FL

City & State
COOPER CITY FL

Zip
33328

Country

Zip
33328

Country

4. FEI Number 65-0887444

Applied For
 Not Applicable

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 MALLOY
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. Malloy* DATE: 4/30/03

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

CR2E037 (10/02)

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: *Jill A. Malloy* DATE: 4/30/03 DAYTIME PHONE: 954 680-8808

Signature typed or printed name of signing officer or director