

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 08:00 AM
Secretary of State

DOCUMENT # N99000004476

1. Entity Name

WELLINGTON WOLVERINE BASEBALL BOOSTER CLUB INC.

Principal Place of Business

1600 TAMARACK WAY

WEST PALM BEACH
33414

FL

Mailing Address

1600 TAMARACK WAY

WEST PALM BEACH
33414

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0940820

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JEROLOMAN CHARLES

1600 TAMARACK WAY

WEST PALM BEACH

FL

33414

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating.)

04/28/2000

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 D ☐ Delete
NAME JEROLOMAN CHARLES
STREET ADDRESS 1600 TAMARACK WAY
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE D ☐ Delete
NAME TURNER FRANK
STREET ADDRESS 14007 ASTER AVE.
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE D ☐ Delete
NAME BENEDICT SCOTT
STREET ADDRESS 1627 WOODBRIDGE LAKE CIR.
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.