

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726951

1. Entity Name

ARROWHEAD GOLF & TENNIS CLUB NUMBER ONE ASSOCIATION, INC.

Principal Place of Business

1850 S.W. 81 AVENUE
DAVIE FL 33324
US

Mailing Address

13730 STATE RD 84
SUITE 136
DAVIE FL 33325

2. Principal Place of Business

3. Mailing Address

22695 University Blvd

Suite Apt. #, etc.
141

City & State

Dome FL

Zip

33324

Country

Broward

4. FEI Number

59-1521369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCPHARLIN, WILLIAM J. P.A.
3015 NORTH OCEAN BLVD
SUITE 122
FT. LAUDERDALE FL 33301

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)

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 DT
NAME MILLER, GEORGE ☐ Delete
STREET ADDRESS 1819 SW 81 LANE
CITY-ST-ZIP DAVIE FL 33324

TITLE SD
NAME HELTON, JAMES ☐ Delete
STREET ADDRESS 1785 SW 81 WAY
CITY-ST-ZIP DAVIE FL 33324

TITLE D
NAME VELESQUEZ, GLADYS ☒ Delete
STREET ADDRESS 8069 SW 18 COURT
CITY-ST-ZIP DAVIE FL 33324

TITLE VP
NAME VALDEZ, LOU ☐ Delete
STREET ADDRESS 8020 SW 18TH COURT
CITY-ST-ZIP DAVIE FL 33324

TITLE DP
NAME WEISSMAN, LEE ☐ Delete
STREET ADDRESS 8060 SW 18TH PL
CITY-ST-ZIP DAVIE FL 33324

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 Tina Gentile
STREET ADDRESS 1844 SW 81 Way
CITY-ST-ZIP Dome FL 33324

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.

SIGNATURE:

[Signature]

1/11/02 954-581
0801

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90028 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)