

2000. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733675

1. Entity Name

NATIVITY MEN'S CLUB OF THE CHURCH OF THE NATIVIT

FILED

00 FEB 28 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5220 JOHNSON STREET
HOLLYWOOD FL 33021-5720

5220 JOHNSON STREET
HOLLYWOOD FL 33021-5720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1649528

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

7. Name and Address of New Registered Agent

SCHLICHTE, PAUL G.
2134 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

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

1-18-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P D Delete
NAME WILLIAMS, JIM
STREET ADDRESS 5441 BUCHANAN ST.
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VDT Delete
NAME BUONOMO, CARL
STREET ADDRESS 5030 POLK STREET
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S D Delete
NAME CALLAHAN, MIKE
STREET ADDRESS 4720 MADISON ST.
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T Delete
NAME CASPANELLO, JOHN
STREET ADDRESS 3815 CLEVELAND ST
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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 REQUIRED

2-1-00 (954) 987-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E037 (9/99)