

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90092 039 \*\*\*\*61.25

**DOCUMENT # 758409**

1. Entity Name  
**BROWARD 10-13 CLUB, INC.**

Principal Place of Business  
**4071 NW 5TH ST  
 COCONUT CREEK FL 33066**

Mailing Address  
**4071 NW 5TH ST  
 COCONUT CREEK FL 33066**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number **59-2129658**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OREFICE, FRANK J  
 4071 NW 5TH ST  
 COCONUT CREEK FL 33066**

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 *[Handwritten Signature]* *[Handwritten Signature]* *[Handwritten Signature]* DATE *[Handwritten Date]*

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**  
**After September 13, 2000 min. will be \$236.25**

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	V	<input type="checkbox"/> Delete
NAME	IZZO, ROBERT J	
STREET ADDRESS	18124 NW 21 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOOLEY, FRANK	
STREET ADDRESS	4411 COCONUT CREEK BLVD	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, QUENTIN	
STREET ADDRESS	299 NW 84 WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAPP, RICHARD	
STREET ADDRESS	1268 N.W. 112TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OREFICE, FRANK	
STREET ADDRESS	4071 N.W. 5TH ST.	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MOSES, STEVEN	
STREET ADDRESS	1588 NW 97 TERR	
CITY-ST-ZIP	CORAL SPRINGS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM GALLAGHER	
STREET ADDRESS	3952 COCOPLUM CIRCLE	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	

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 *[Handwritten Signature]* **FRANK J. OREFICE** *[Handwritten Date]* **8/30/00 (954) 974-0373**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)