

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90080 038 ****61.25

DOCUMENT # 758409

1. Entity Name

BROWARD 10-13 CLUB, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROWARD 10-13 CLUB, INC.

City & State

Zip

Country

BROWARD 10-13 CLUB, INC.

Zip

Country

4. FEI Number

59-2129658

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

**OFFICE; FRANK J
 4071 NW 5TH ST
 COCONUT CREEK FL 33066**

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

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)

59-2129658

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **FRANK J GALLAGHER, WILLIAM**
 STREET ADDRESS **392 COCOPLUM CIR #H**
 CITY-ST-ZIP **POMPANO BEACH FL 33063**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D TOOLEY, FRANK**
 STREET ADDRESS **4411 COCONUT CREEK BLVD**
 CITY-ST-ZIP **COCONUT CREEK FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D JACOBS, QUENTIN**
 STREET ADDRESS **299 NW 84 WAY**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P BERKOWITZ, ALAN**
 STREET ADDRESS **5313 NW 118TH AVE**
 CITY-ST-ZIP **POMPANO BEACH FL 33076**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD OFFICE; FRANK J**
 STREET ADDRESS **4071 N.W. 5TH ST.**
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S411 COCONUT CREEK BLVD MOSES, STEVEN**
 STREET ADDRESS **1588 NW 97 TERR**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE Change Addition
 NAME **S THOMAS MC ANDREWS**
 STREET ADDRESS **5856 ROYAL CLUB DRIVE**
 CITY-ST-ZIP **BOYTON BEACH, FL 33437**

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 all other like empowered.

SIGNATURE

FRANK J. OREFICE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/02 (954) 974-0373
 Date Daytime Phone #

3/2/02

CR2E037 (9/01)