

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90244 006 \*\*\*\*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**

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 **59-2129658**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OREFICE, FRANK J  
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GALLAGHER, WILLIAM</b>	
STREET ADDRESS	<b>392 COCOPLUM CIR #H</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33063</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TOOLEY, FRANK</b>	
STREET ADDRESS	<b>4411 COCONUT CREEK BLVD</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACOBS, QUENTIN</b>	
STREET ADDRESS	<b>299 NW 84 WAY</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BERKOWITZ, ALAN</b>	
STREET ADDRESS	<b>5313 NW 118TH AVE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33076</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>OREFICE, FRANK</b>	
STREET ADDRESS	<b>4071 N.W. 5TH ST.</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MCANDREWS, THOMAS</b>	
STREET ADDRESS	<b>5856 ROYAL CLUB DRIVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>	

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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frank J Orefice* **FRANK J OREFICE** 02/12/03 (NY) 974-0373

CR2E037 (10/02)