

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90675 038 ****61.25

DOCUMENT # 766307

1. Entity Name

HOT JAZZ & ALLIGATOR GUMBO SOCIETY, INC.

Principal Place of Business

C/O MARCIE REID
 3654 NE 19 AVE
 FT. LAUDERDALE FL 33308
 US

Mailing Address

C/O MARCIE REID
 3654 NE 19 AVE
 FT. LAUDERDALE FL 33308
 US

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 **59-2272269**

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

REID, MARCIE
 3654 NE 19 AVE
 FT LAUDERDALE FL 33308

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

Marcie Reid

4-25-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Marcie Reid, Executive Secretary

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 **PD** ☐ Delete
 NAME **STARACE, STEVE**
 STREET ADDRESS **7764 CLOVERFIELD CIRCLE**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☐ Change ☒ Addition
 NAME **MOZEALOUS, H. GRAHAM**
 STREET ADDRESS **3731 Sw 124 Ct.**
 CITY-ST-ZIP **Miami, FL 33175**

TITLE **VPD** ☐ Delete
 NAME **HAMILTON, PATTI**
 STREET ADDRESS **2010 NE 56 CT #1**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☐ Change ☒ Addition
 NAME **ANDREWS, VIC**
 STREET ADDRESS **800 SW 50 Terr**
 CITY-ST-ZIP **Margate, FL 33068**

TITLE **D** ☒ Delete
 NAME **DIXON, JACK**
 STREET ADDRESS **812 N. BEL AIR DR**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE **D** ☐ Change ☒ Addition
 NAME **VELLUZZI, BILL**
 STREET ADDRESS **3294 NW 104 Ave.**
 CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE **D** ☐ Delete
 NAME **MCGOWAN, ROB**
 STREET ADDRESS **10247 CROSSWIND RD**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **BURNLEY, DOUG**
 STREET ADDRESS **435 S FEDERAL HWY LOT 12**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D** ☒ Change ☐ Addition
 NAME **BURNLEY, DOUG**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CAPLANO, JOE**
 STREET ADDRESS **5811 KELSEY LANE**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **CAPLANO, JOE**
 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

Steve Starace **Starace, President**

954/563-5390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)