2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90007 040 ****61.25

DOCUMENT # N04336

1. Entity Name

BROWARD COUNTY DARTING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5712 SETON DRIVE MARGATE FL 33063	P.O. BOX 4623 SUNRISE STATION FT. LAUDERDALE FL 33338-4623

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCONZO, ROBERT 4956 N. HEMMINGWAY CIR. MARGATE FL 33063	Name: LORRAINE SYMON Street Address (P.O. Box Number is Not Acceptable): 3914 NW 88th Terrace City: CORAL SPRINGS FL Zip Code: 33065

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: Lorraine Symon E Lorraine Symon TREASURER 3/24/00.
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LYZAK, RUSSELL 7091 COOLIDGE STREET HOLLYWOOD FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DANE TEIXEIRA P Fees. 937 SW 20th St. Ft Lauderdale, FL 33315	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCONZO, ROBERT 4956 N. HEMMINGWAY CIR. MARGATE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STSD LYONS, BOB 5712 SETON DRIVE MARGATE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T INSKO, RUSSELL 3505 W. ATLANTIC POMPANO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TREASURER~~ TD LORRAINE SYMON 3914 NW 88th Terrace CORAL SPRINGS, FL 33065	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ZAK, RICK 649 W. OAKLAND, #108-A OAKLAND PARK FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SECRETARY~~ SD JIM DECERBO 621 SW 83rd Ave North Lauderdale, FL 33068	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GLASER, BRUCE 4323 NW 65 TERR. CORAL SPRINGS FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Lorraine Symon Lorraine Symon 3/24/00 954 345-9469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #