

2000 UNIFORM BUSINESS REPORT (UBR)

S/

FILED
Jul 18, 2000 8:00 am
Secretary of State

05-31-2000 90059 019 ****61.25

DOCUMENT # N43519

1. Entity Name
TAMARAC ATHLETIC FEDERATION, INC.

Principal Place of Business
**7501 N. UNIVERSITY DR.
 TAMARAC FL 33321**

Mailing Address
**P.O. BOX 26806
 FT. LAUDERDALE FL 33320-6806**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

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
**BRADEN, JOE
 8280 NW 68TH TERR.
 TAMARAC FL 33321**

7. Name and Address of New Registered Agent
 Name **Robert Cleaver**
 Street Address (P.O. Box Number is Not Acceptable) **7802 NW 71 ST**
 City **TAMARAC** FL Zip Code **33321**

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 DATE **3/15/00**

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

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 | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRADEN, JOE | | NAME | ROB CLEAVER | |
| STREET ADDRESS | 8280 NW 68TH TERR. | | STREET ADDRESS | 7802 NW 71 ST | |
| CITY-ST-ZIP | TAMARAC FL 33321 | | CITY-ST-ZIP | TAMARAC, FL 33321 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BUA, LINDA | | NAME | GUY ALEXANDER | |
| STREET ADDRESS | 8117 NW 73RD TERR. | | STREET ADDRESS | 8039 NW 71CT | |
| CITY-ST-ZIP | TAMARAC FL 33321 | | CITY-ST-ZIP | TAMARAC, FL 33321 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CLEAVER, ROB | | NAME | JEANNIE LEHMBECK | |
| STREET ADDRESS | 7802 NW 71ST ST. | | STREET ADDRESS | 8009 NW 72 DR | |
| CITY-ST-ZIP | TAMARAC FL 33321 | | CITY-ST-ZIP | TAMARAC, FL 33321 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LACOMBE, CAL | | NAME | MICHAEL LEHMBECK | |
| STREET ADDRESS | 4200 SEAGRAPE #1 | | STREET ADDRESS | 8202 NW 73 TER | |
| CITY-ST-ZIP | LAUDERDALE BY THE SEA FL 33308 | | CITY-ST-ZIP | TAMARAC, FL 33321 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: DATE **3/15/00** DAYTIME PHONE # **954 270 0621**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)