

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90001 042 ****61.25

DOCUMENT # N44309

1. Entity Name

HOLLYWOOD WILDCAT SOCCER CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 5846
 HOLLYWOOD FL 33083

P.O. BOX 5846
 HOLLYWOOD FL 33083-5846

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0271670

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TATE, J. KENNETH
1175 N.E. 125TH STREET
SUITE 102
NORTH MIAMI FL 33161

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)

DATE

FILE NOW:
FEES 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 | VD | <input checked="" type="checkbox"/> Delete |
| NAME | BLATTMAN, STEVE | |
| STREET ADDRESS | 3161 NORTH 52ND AVE | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ZOLOT, LARRY | |
| STREET ADDRESS | 3521 NORTH 33RD TERRACE | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | TATE, J. KENNETH | |
| STREET ADDRESS | 4500 N. HILLS DRIVE | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | PERRY MARGE | |
| STREET ADDRESS | 5521 SOUTHWEST 44TH TERRACE | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| 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:

Signature of Steve Blattman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 305-891-1106
 Date Daytime Phone #

CR2E037 (9/99)