

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90535 015 ****61.25

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DOCUMENT # N44309
1. Entity Name
HOLLYWOOD WILDCAT SOCCER CLUB, INC.



Principal Place of Business: **P O BOX 814738
HOLLYWOOD FL 33081
US**
Mailing Address: **P O BOX 814738
HOLLYWOOD FL 33081
US**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: City & State
Zip: Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**TATE, J. KENNETH
1175 N.E. 125TH STREET
SUITE 102
NORTH MIAMI FL 33161**

4. FEI Number **65-0271670** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
7. Name and Address of New Registered Agent
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

TITLE NAME	PD ZOLOT, LARRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3521 NORTH 33RD TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE NAME	TD TATE, J. KENNETH	<input type="checkbox"/> Delete
STREET ADDRESS	4500 N. HILLS DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE NAME	SD PERRY MARGE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5521 SOUTHWEST 44TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE NAME	LO	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Lovie Grantee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Executive Vice President / Director	
CITY-ST-ZIP	4315 Filmore Street	
TITLE NAME	Secretary / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Susie Lewis	
CITY-ST-ZIP	512 Hibiscus Drive	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)