

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N95000004394**

1. Entity Name

**BARBARA GOLEMAN "THE SIX MAN CLUB, INC."**

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90040 017 \*\*\*\*61.25

Principal Place of Business <b>14741 LEWIS ROAD MIAMI LAKES FL 33014</b>	Mailing Address <b>14741 LEWIS ROAD MIAMI LAKES FL 33014-2731</b>
---	--



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

4. FEI Number <b>65-0685612</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**RICKETTS, JAMES F  
14741 LEWIS ROAD  
MIAMI LAKES FL 33014**

**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.

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 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICKETTS, JAMES F</b> <b>14741 LEWIS ROAD</b> <b>MIAMI LAKES FL 33014</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'RIORDIAN, KEVIN F</b> <b>2077 N.W. 107TH DR.</b> <b>CORAL SPRINGS FL 33071</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COPLEY, JAMIE</b> <b>3200 PORT ROYALE DR. NORTH APT. 1804</b> <b>FT. LAUDERDALE FL 33308</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KEVIN O'RIORDIAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8222 WILES RD #242</b> <b>CORAL SPRINGS, FL 33067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JAMES COPLEY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>211 S.W. 2ND ST #3</b> <b>FT. LAUDERDALE, FL 33301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-5-00** **3055578636**  
Date Daytime Phone #

CR2E037 (9/99)