

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

0032614

DOCUMENT # N95000004394

01-24-2001 90054 047 ****61.25

1. Entity Name

BARBARA GOLEMAN "THE SIX MAN CLUB, INC."

Principal Place of Business

Mailing Address

**14741 LEWIS ROAD
 MIAMI LAKES FL 33014**

**14741 LEWIS ROAD
 MIAMI LAKES FL 33014**

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

65-0685612

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ (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	Change	Addition
D	RICKETTS, JAMES F	14741 LEWIS ROAD	MIAMI LAKES FL 33014	<input type="checkbox"/>	<input type="checkbox"/>
D	O'RIORDIAN, KEVIN F	8222 WALES RD #242	CORAL SPRINGS FL 33067	<input type="checkbox"/>	<input type="checkbox"/>
D	COPLEY, JAMES	211 SW 2ND ST #B	FORT LAUDERDALE FL 33301	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED **Ricketts**

Date: 1/11/01 Daytime Phone # _____

CR2E037 (10/00)