

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701443

1. Entity Name

POMPANO PLAYERS, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90072 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1611 NE 51 STREET  
FT LAUDERDALE FL 33334  
US

PO BOX 2045  
POMPANO BEACH FLA 33061-2045  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7102768

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

LEERS, FRED A  
3424 SE 12TH STREET, C3  
POMPANO BEACH FL 33062

Name

**MITCH NOWAK**

Street Address (P.O. Box Number Not Acceptable)

**275 IMPERIAL LANE**

City

**LAUD. BY SEA**

**FL**

**33302**

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

**MITCH NOWAK**  
**PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

*Mitch Nowak*

(NOTE: Registered Agent signature required when reinstating)

**4/17/00**

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	PD	<input type="checkbox"/> Delete
NAME	LEERS, FRED	
STREET ADDRESS	3424 SE 12TH ST, SUITE C3	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Delete
NAME	STEINBERG, CHRISTINE S	
STREET ADDRESS	1611 NE 51 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	S	<input type="checkbox"/> Delete
NAME	POMERICO, BARBRA	
STREET ADDRESS	2174 NE 55TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NOWAK, MITCH	
STREET ADDRESS	3951 NE 17 AVE	
CITY-ST-ZIP	POMPANO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PETERSON, CATHERINE	
STREET ADDRESS	2743 NE 15TH ST	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, PHYLLIS	
STREET ADDRESS	3333 NE 34 ST #1412	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCH NOWAK</b>	
STREET ADDRESS	<b>275 IMPERIAL LANE</b>	
CITY-ST-ZIP	<b>LAUD. BY SEA FL 33302</b>	
TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS	<b>SAME</b>	
CITY-ST-ZIP	<b>SAME</b>	
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAIL KIRBY</b>	
STREET ADDRESS	<b>3336 SEABREEZE LANE</b>	
CITY-ST-ZIP	<b>MARGATE, FL, 33063</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATE POWERS</b>	
STREET ADDRESS	<b>1561 NE 39 ST</b>	
CITY-ST-ZIP	<b>POMP BCH FL 33064</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JO LEERS</b>	
STREET ADDRESS	<b>3424 SE 12 ST # C3</b>	
CITY-ST-ZIP	<b>POMP BCH FL 33062</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARTHUR KLEVENS</b>	
STREET ADDRESS	<b>1600 GREEN RD</b>	
CITY-ST-ZIP	<b>POMP BCH, FL 33064</b>	

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 *Mitch Nowak*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/00 (954) 489-0207**

DATE Daytime Phone #