

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90151 046 ****61.25

DOCUMENT # 705869

1. Entity Name

KNIGHTS OF THE ROUND TABLE, INC.

Principal Place of Business

Mailing Address

**4491 CRYSTAL LAKE DR
C-103
POMPANO BCH FL 33064
US**

**4491 CRYSTAL LAKE DRIVE
C-103
POMPANO BEACH FL 33064
US**

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

59-1059249

Applied For

Not Applicable

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

**HICKMAN, ROGER L
4491 CRYSTAL LAKE DRIVE C-103
POMPANO BEACH FL 33064**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HANSEN, GORM P**
STREET ADDRESS **1501 SE 23RD AVE**
CITY-ST-ZIP **POMPANO BEACH, FL 00000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **ROBINSON, SUMNER**
STREET ADDRESS **457 WOODLAKE LANE**
CITY-ST-ZIP **DEERCREEK FL**

TITLE **SD** ☒ Change ☐ Addition
NAME **CALIKYDO, SAM**
STREET ADDRESS **1430 S FEDERAL HWY # 302**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **PD** ☐ Delete
NAME **ROWLAND, ED**
STREET ADDRESS **5739 PINE TERRANCE**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **SCHMIDT, J. F**
STREET ADDRESS **21149 BIRDSNEST TERR.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BETTERMAN, ROBERT**
STREET ADDRESS **2004 BAY DRIVE**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **SCHIRMAN, GEORGE**
STREET ADDRESS **3038 E COMMERCIAL BLVD**
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE ☐ Change ☐ 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:

Ed Rowland **ED ROWLAND** 1/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)