

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

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90077 040 ****61.25

DOCUMENT # 712137

1. Entity Name

OFFICIAL FORT LAUDERDALE BILLFISH TOURNAMENT, IN C.



Principal Place of Business

**3380 SW 18 ST
FORT LAUDERDALE FL 33312
US**

Mailing Address

**3380 SW 18 ST
FORT LAUDERDALE FL 33312
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 **23-7218760**

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

**STEPHENS, JOHN E JR
220 SW 32ND ST
FORT LAUDERDALE FL 33315**

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
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PIZZIFERRI, MICHELLE	
STREET ADDRESS	1620 N OCEAN BLVD #908	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RANK, JON	
STREET ADDRESS	9139 NE 10TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	P	<input type="checkbox"/> Delete
NAME	STRAUSS, JAMIE	
STREET ADDRESS	311 SW 24 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COHEN, DAVID	
STREET ADDRESS	3520 MAGELLAN CIRCLE #737	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZZIFERRI, MICHELLE	
STREET ADDRESS	3421 NE 15 AVE. #1	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY KOOSIER	
STREET ADDRESS	300 NW 28 ST.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKIP SMITH	
STREET ADDRESS	2931 NE 16 ST.	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michelle Pizziferrri

7/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (4/03)