

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90003 042 ****61.25

DOCUMENT # 727677

1. Entity Name

MEN'S CLUB OF ST. MAURICE, INC.

Principal Place of Business

**2851 STIRLING ROAD
 FT. LAUDERDALE FL 33312**

Mailing Address

**2851 STIRLING ROAD
 FT. LAUDERDALE FL 33312**

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

05-0219100

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

**MCCARTNEY, SHELDON
 5790 S W 130TH AVENUE
 FORT LAUDERDALE FL 33330**

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 **P** ☒ Delete
 NAME **NIGRO, DAVID**
 STREET ADDRESS **1500 N W 110 AVENUE #360**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **P** ☒ Change ☐ Addition
 NAME **TONY NAPOLEON**
 STREET ADDRESS **7730 N.W. 12th St.**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **VP** ☒ Delete
 NAME **SHELTON, RON**
 STREET ADDRESS **5240 S W 40TH AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33314**

TITLE **V** ☒ Change ☐ Addition
 NAME **STEVE GOMBAR**
 STREET ADDRESS **1220 ADAMS ST.**
 CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE **S** ☒ Delete
 NAME **CONNELLY, MICHAEL**
 STREET ADDRESS **2450 TORTUGAS LANE**
 CITY-ST-ZIP **LAUDERDALE ISLES FL 33312**

TITLE **S** ☒ Change ☐ Addition
 NAME **RICH BARRETT**
 STREET ADDRESS **3850 SIMMS ST.**
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **T** ☒ Delete
 NAME **CARTNEY, SHELDON**
 STREET ADDRESS **5790 S W 130TH AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

TITLE **T** ☒ Change ☐ Addition
 NAME **MIKE MARRALE**
 STREET ADDRESS **4920 S.W. 29th AVE.**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

TITLE **D** ☒ Delete
 NAME **BASSETT, RICHARD**
 STREET ADDRESS **3850 SIMMS STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☒ Change ☐ Addition
 NAME **LEE OWEN**
 STREET ADDRESS **8381 S.W. 39TH CT.**
 CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **D** ☐ Delete
 NAME **MERINGER, MATT**
 STREET ADDRESS **3137 N 41ST CT.**
 CITY-ST-ZIP **HOLLYWOOD FL 33312**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Marmale **Michael Marmale** 4-3-01 868-9664

CR2E037 (10/00)