

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733834

1. Entity Name

**MATIVITY LEISURE CLUB, INC.**

*Nativity Bell Ringers Club*

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90934 001 \*\*\*\*35.00  
06-19-2002 90934 002 \*\*\*\*245.00

0017056

Principal Place of Business

Mailing Address

5220 JOHNSON STREET  
HOLLYWOOD FL 33021-5720

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HOLLYWOOD FL 33021-5720

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

59-1655177

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

SCHLICHTE, PAUL G.  
2134 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

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)

5-10-02

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 checked="" type="checkbox"/> Delete
NAME	GRICE, VELMA K	
STREET ADDRESS	3847 S CIRCLE DR APT 10	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, DOROTHY	
STREET ADDRESS	3847 S CIRCLE DR APT 6	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SHORT, DWYER	
STREET ADDRESS	5300 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SR	<input checked="" type="checkbox"/> Delete
NAME	KEUK, PAULINE	
STREET ADDRESS	5300 WASHINGTON ST. P-3	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RANDAZZO, JOSEPHINE	
STREET ADDRESS	5300 WASHINGTON ST. H-233	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, ALICE	
STREET ADDRESS	5300 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise Ziegler	
STREET ADDRESS	7116 Crescent Creek Way	
CITY-ST-ZIP	Crescent Creek, Fla 33073	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elena Ortiz	
STREET ADDRESS	4901 Pierce St	
CITY-ST-ZIP	Hollywood, Fla 33021	
TITLE	Tres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Val Fanning	
STREET ADDRESS	2070 N.W. 84 Ave.	
CITY-ST-ZIP	Parkland, Fla. 33067	
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terri Venzla	
STREET ADDRESS	5520 Arthur St	
CITY-ST-ZIP	Hollywood, Fla 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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: *Denise Ziegler* Denise Ziegler 5-22-02 954-987-3500