2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 23, 2004 08:00 AM **DOCUMENT # 738606** 1. Entity Name **Secretary of State** NO WHERE BOTTLE AND SOCIAL CLUB, INC. Mailing Address Principal Place of Business 5011 W. HILLSBORO BLVD. COCONUT CREEK FL 33073-4306 5011 W. HILLSBORO BLVD. COCONUT CREEK FL 33073-4306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E037 (11/03) 4. FEI Number Applied For City & State City & State 59-2001242 Not Applicable Zip Country Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAWRENCE, JAMES 5011 W HILLSBORO BLVD Street Address (P.O. Box Number is Not Acceptable) COCONUT CREEK FL 33073 City 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to П Trust Fund Contribution. Added to Fees Fiorida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE LAWRENCE, JAMES NAME NAME U00000064055 5011 W HILLSBORO BLVD. STREET ADDRESS STREET ADDRESS 02/23/04-80188-009 61.25 POMPANO BCH. FL CITY-ST-ZIP CITY - ST - ZIP TD ☐ Change ☐ Addition ☐ Delete TITI F TITLE LENARD, THOMAS NAME NAME U000000064055 5011 W HILLSBORO BLVD. STREET ADDRESS STREET ADDRESS POMPANO BCH. FL 02/23/04-80188-010 8.75 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BROWNE, JACK NAME NAME 5011 W HILLSBORO BLVD STREET ADDRESS STREET ADDRESS POMPANO BCH. FL. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

OMAS LENARD TO

FILED