

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90088 016 ****61.25

DOCUMENT # 751720

1. Entity Name

PALM SPRINGS NORTH ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7901 NW 176 ST
HIALEAH FL 33015-3606**

**15476 NW 77TH CT. #163
MIAMI LAKES FL 33016**

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

59-2090326

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

**ZITNICK, SHARON
18130 NW 84 AVE
HIALEAH FL 33015**

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 PD ☐ Delete
NAME THIFALT, ALAN
STREET ADDRESS 8910 SW 200 ST
CITY-ST-ZIP MIAMI FL 33157

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

TITLE VD ☒ Delete
NAME SASSER, BILL
STREET ADDRESS 17400 NW 81 AVE
CITY-ST-ZIP HIALEAH FL 33015

TITLE ☐ Change ☒ Addition
NAME VD
STREET ADDRESS HERNANDEZ, CARMEN
CITY-ST-ZIP 8125 NW 187 TERR
MIAMI FL 33015

TITLE TD ☐ Delete
NAME ZITNICK, SHARON
STREET ADDRESS 18130 N.W. 84 AVENUE
CITY-ST-ZIP HIALEAH FL 33015

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

TITLE SD ☒ Delete
NAME HERNANDEZ, CARMEN
STREET ADDRESS 8125 NW 187 TERR
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS PATRICIA BENNETT
CITY-ST-ZIP 19804 BOB-O-LINK DR.
MIAMI LAKES FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Sharon Zitnick*

REGISTERED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02

*305-822-7139
305-776-1267*

CR2E037 (9/01)