

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754981

1. Entity Name

ZIEGFELD GIRLS OF FLORIDA, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90028 011 ****61.25

Principal Place of Business %ZIEGFELD GIRLS FL INC 685 E HILLSBORO BLVD DEERFIELD BEACH FL 33443 US	Mailing Address % FRANCIS D SHEEHY 1367 LYONS RD COCONUT CREEK FL 33063-3908
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2051259

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRANCIS D SHEEHY, ESQ
 1367 COCONUT CREEK RD
 COCONUT CREEK FL 33063

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	T/D	<input type="checkbox"/> Delete
NAME	FLADER, ALBIE	
STREET ADDRESS	859 E. JEFFREY ST. 612	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BONARD, BARBARA	
STREET ADDRESS	1244 S. ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	CALLIGAN, BETTY	
STREET ADDRESS	779 SW 17TH ST	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVE CAMERON	
STREET ADDRESS	2289 SW 15TH ST	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	

TITLE	VP/D	<input checked="" type="checkbox"/> Delete
NAME	KAY, GINNY	
STREET ADDRESS	1220 SW 13TH CIR	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	

TITLE	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUDREY MIZE	
STREET ADDRESS	1280 NW 21 ST TERR	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	

TITLE	VP/D	<input type="checkbox"/> Delete
NAME	DOOLEY, CATHY	
STREET ADDRESS	2731 NE 14TH ST., 33-B	
CITY-ST-ZIP	POMPANO BCH FL 33062	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	GERRARD, DIANA	
STREET ADDRESS	361 NW 39TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2000 (305) 666-9805
 Date Daytime Phone #