2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 02, $2\overline{002}$ 8:00 am **DOCUMENT # 754981** Secretary of State 1. Entity Name ZIEGFELD GIRLS OF FLORIDA, INC. 04-02-2002 90110 036 ****61.25 Mailing Address Principal Place of Business % FRANCIS D SHEEHY %ZIEGFELD GIRLS FL INC 1367 LYONS RD 685 E HILLSBORO BLVD B0056765 COCONUT CREEK FL 33063 DEERFIELD BEACH FL 33443 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt, #, etc. Applied Fo City & State 4. FEI Number City & State 59-2051259 Not Applica \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FRANCIS D SHEEHY, ESQ 1367 COCONUT CREEK RD **COCONUT CREEK FL 33063** Zip Code City FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to Department of State 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61:25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. C0-P TITLE **▼** Deiete TITLE FLOSS KEESELY FLADER, ALBIE NAME NAME 5938 PATIO DR STREET ADDRESS 859 E. JEFFREY ST. 612 STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP CITY-ST-7/P **BOCA RATON FL 33487** At At Change Delete TITLE TITLE DIANNE SCOTT BONARD, BARBARA NAME NAME 7168 SKYLINEDR STREET ADDRESS 1244 S. ALHAMBRA CIR STREET ADDRESS DELLERY BEACH, FL 33446 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL **IX**A THAOMI STORUB ☐ Change P/D TITLE Delete TITLE CAMERON, EVE NAME NAME 8203 SW IDOTH ST STREET ADDRESS 2289 SW 15TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33/57 CITY-ST-ZIP DEERFIELD BEACH FL 33442 Change \Box PID **VPD** ☐ Delete TITS F BILE MIZE. AUDREY NAME NAME STREET ADDRESS 1280 NW 21ST TERR STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33445** CITY-ST-ZIP VP/D Change TITLE ☐ Delete TITLE GERRARD, DIANA NAME NAME STREET ADORESS 361 NW 39TH AVE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33311 CITY-ST-ZIP Change TITLE ☐ Delete TITLE NAME NAME 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 directly 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 10

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