

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-17-2003 90227 046 ****61.25

DOCUMENT # 754981

1. Entity Name
ZIEGFELD GIRLS OF FLORIDA, INC.



Principal Place of Business
**ZIEGFELD GIRLS FL INC
685 E HILLSBORO BLVD
DEERFIELD BEACH FL 33443
US**

Mailing Address
**ZIEGFELD GIRLS FL INC
685 E HILLSBORO BLVD
DEERFIELD BEACH FL 33443
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2051259**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**FRANCIS D SHEEHY, ESQ
1367 COCONUT CREEK RD
COCONUT CREEK FL 33063**

7. Name and Address of New Registered Agent
Name **EUGENE S GARRETT ESQUIRE**
Street Address (P.O. Box Number is Not Acceptable)
**2424 N Federal Highway
Suite 314**
City **Boca Raton** FL Zip Code **33431-7781**

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]* DATE **1/29/03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
FILE NOW: FEE IS \$61.25 **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COP/DIRECTOR KEESELY, FLOSS 5938 PATIO DRIVE BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT, DIANNE 7168 SKYLINE DR DELRAY BEACH FL 33448	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD/DIRECTOR MIZE, AUDREY 1280 NW 21ST TERR DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GERRARD, DIANA 361 NW 39TH AVE FT. LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-PRESIDENT/DIRECTOR FLOSS KEESELY 5938 PATIO DRIVE BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VICE PRESIDENT MAUREEN MATEJIC 1940 NE 25th STREET LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECORDING SECRETARY MARION KIRKPATRICK 10948 TAMARISK TRAIL BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR LORETTA HANNON 4711 CYPRESS DRIVE SOUTH BOYNTON BEACH, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORRESPONDING SECRETARY MARTHA RICE TILFORD C#5 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **LORETTA HANNON** DATE **1/29/03** (56) 742-0707
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E037 (10/02)