

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

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90009 016 ****61.25

DOCUMENT # 758409

1. Entity Name

BROWARD 10-13 CLUB, INC.



Principal Place of Business

4071 NW 5TH ST
COCONUT CREEK FL 33066

Mailing Address

4071 NW 5TH ST
COCONUT CREEK FL 33066

2. Principal Place of Business

1791 MEARS PKWY

Suite, Apt. #, etc.

MARGATE, FL 33063

3. Mailing Address

1791 MEARS PKWY

Suite, Apt. #, etc.

MARGATE, FL

City & State

Zip **33063**

Country

USA

Zip **33063**

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

59-2129658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OREFICE, FRANK J
4071 NW 5TH ST
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

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. 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)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **GALLAGHER, WILLIAM**
STREET ADDRESS **392 COCOPLUM CIR #H**
CITY-ST-ZIP **POMPANO BEACH FL 33063**

TITLE **D** ☐ Delete
NAME **TOOLEY, FRANK**
STREET ADDRESS **4411 COCONUT CREEK BLVD**
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **D** ☐ Delete
NAME **JACOBS, QUENTIN**
STREET ADDRESS **299 NW 84 WAY**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **P** ☐ Delete
NAME **BERKOWITZ, ALAN**
STREET ADDRESS **5313 NW 118TH AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33076**

TITLE **TD** ☐ Delete
NAME **OREFICE, FRANK**
STREET ADDRESS **4071 N.W. 5TH ST.**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **S** ☒ Delete
NAME **MCANDREWS, THOMAS**
STREET ADDRESS **5856 ROYAL CLUB DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE **S** ☒ Change ☒ Addition
NAME **JOSEPH JOHNSON**
STREET ADDRESS **2501 S OCEAN DR #117**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

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:

FRANK J. OREFICE

01/02/04

954-977-3880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #