

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90024 014 ****61.25

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DOCUMENT # 759414

1. Entity Name

GRAND SLAM DUPLICATE BRIDGE CLUB, INC.

Principal Place of Business SUGAR SAND PARK BOCA RATON FL US	Mailing Address 1151 S.W. SECOND STREET BOCA RATON FL 33486-4549 US
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DUPLICATE



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 59-1782259	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**OVELMEN, MARTORIE
1151 S.W. 2ND STREET
BOCA RATON FL 33486**

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.

SIGNATURE: *Martorie Overmen, President*
 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

TITLE NAME P SMITH, VIRGINIA S.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 875 E. CAMINO REAL 2B	
CITY-ST-ZIP BOCA RATON FL 33432	
TITLE NAME VP. POCKROS, SIGMUND	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 22878 GREENVIEW TERRACE	
CITY-ST-ZIP BOCA RATON FL	
TITLE NAME T LOUNSBURY, LOLITA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3108 LAKEVIEW BLVD	
CITY-ST-ZIP DELRAY BEACH FL 33445	
TITLE NAME S ROYE, NANCY	<input type="checkbox"/> Delete
STREET ADDRESS 3001 DEER CREEK BLVD #353	
CITY-ST-ZIP DEERFIELD BEACH FL	
TITLE NAME AT COOPER, RON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 6574 NE 39TH TERRACE	
CITY-ST-ZIP BOCA RATON FL	
TITLE NAME D BREW, ALLENE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 911 SW TAMARINO WAY	
CITY-ST-ZIP BOCA RATON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME MARJORIE OVERMEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1151 SW 2 ST	
CITY-ST-ZIP BOCA RATON, FL 33486	
TITLE NAME VICE PRESIDENT MARGE BARTH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1731 NW 49TH ST	
CITY-ST-ZIP POMPANO BEACH FL 33064	
TITLE NAME ROTHIE FAY WARDMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4740 S. OCEAN BLVD	
CITY-ST-ZIP HIGHLAND BEACH, FL 33487	
TITLE NAME DELORES BLACKWELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3009 S OCEAN BLVD	
CITY-ST-ZIP HIGHLAND BEACH, FL 33488	
TITLE NAME FRANK ORCUTT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 208 N.E. SIEM COURT	
CITY-ST-ZIP POMPANO BEACH, FL 33064	

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: *Martorie Overmen, President* 12-31-00 561-3946682
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/99)