

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

004000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1782259

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

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 Ovelmen, 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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	MARTORIE OVELMEN	<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	POMPAHO 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
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. SIAT COURT	
CITY-ST-ZIP	POMPAHO 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 Ovelmen, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-00

561-3946682

Date

Daytime Phone #

CP2E037 (9/99)