

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 759414

FILED
Apr 30, 2003
Secretary of State

Entity Name: GRAND SLAM DUPLICATE BRIDGE CLUB, INC.

Current Principal Place of Business:

WOMANS CLUB OF DEERFIELD
910 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

1151 S.W. SECOND STREET
BOCA RATON, FL 33432 US

New Mailing Address:

7714 L AMIRADA DR.
BOCA RATON, FL 33433 US

FEI Number: 59-1782259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NISSSEN, MARY H
23371 BLUEWATER CIRCLE #322
BOCA RATON, FL 33433

Name and Address of New Registered Agent:

SALOVITZ, SHERMAN J
7714 LA MIRADA DR.
BOCA RATON, FL 33433

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: SHERMAN J SALOVITZ

04/30/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FUSCO, DOROTHY
Address: 920 DOGWOOD DRIVE#163
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP () Delete
Name: ABDO, SAMIRA
Address: 4588 EL CLAIR RANCH ROAD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T () Delete
Name: NISSEN, MARY
Address: 22371 BLUEWATER CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: S () Delete
Name: MELLO, ROBERT J
Address: 193 S.E.NTH ST.
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D () Delete
Name: DHEUR, JOHN
Address: 621 N.E.47TH PLACE
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: RIGGIO, EMILIA
Address: 22877 STERLING LAKES DR
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SALOVITZ, SHERMAN J
Address: 7714 LAMIRADA DR.
City-St-Zip: BOCA RATON, FL 33433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERMAN J. SALOVITZ

T

04/30/2003

Electronic Signature of Signing Officer or Director

Date