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

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FILED Feb 26, 2003 8:00 am Secretary of State

Daytime Phone #

 Entity Name 	ENT # 759677 NOMAN'S CLUB			01-2	23-2003 90178 0	002 ****61.25
Principal Place of Business		Malling Address				
6551 ORANGE DR DAVIE FL 33314 US		6529 SW 47 ST FORT LAUDERDALE FL 33314 US				
		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				!
2. Principal Place of Business		3. Mailing Address 43.40 S.W.67 TERRACE		E LADARA ADRAF BAND IDIR GENIK ABDAR AEDA DIRAK DIDAK DIDAK ALDAH ALDAH ADDAR		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State DAVIE FL		4. FEI Number 59-6170679		Applied For
						Not Applicable
Zip	Country	33314	USA	5. Certificate of Status Desi		75 Additional Required
6	. Name and Address of Current	Registered Agent	4	-7. Name and Address of N	sw Registered Agen	I==
			Name Mu	RIHA_ZIE	GLER	
TINDALL, PRI 6529 SW 47			Street Address (P.O. Box Number is Not Acceptable) 43 40 5. W. 67 TERRACE			
DAVIE FL 333				FO SIVOIOI	1 2 2010	
			City DAI)IF	FL	Zip Code
8. The above name the obligations	ned entity submits this statement fo of registered agent.	r the purpose of changing its reg	istered office or register	ed agent, or both, in the State	of Florida. I am familia	ar with, and accept
SIGNATURE/_	Maisthe Bu	Ally MARTH	A ZIEGL	FR.		
	ture, typed or printed name of registered agent a	and the if applicable. (NOTE: Play	sistered Agent signature required		DATE	
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 3. Election Campaign Financing Added to Fees Florida Department of State						
10.	OFFICERS AND DIF		11. /	ADDITIONS/CHANGES TO OF		
TITLE PD		Delete	THE PRE	SIDENT	(I	Thange
	UTWIN, JUDITH		NAME O Q	UINN, GILDA		

3401 CARLTON LANE DAVIE FL 33330 CITY-ST-ZIP COOPER CITY FL 33024 CHY-ST-7P VICE PRESIDENT TITLE Delete TITLE Change ■ Addition ZIEGLER, MARTHA SALVINO, JOYCE NAME NAME 4340 S.W. 67 TERRACE 4765 S.W. 61 AVE. STREET ADDRESS STREET ADDRESS DAVIE FL 33314 CITY-ST-ZIP CITY-ST-ZIP Defete TITLE TITLE TREASURER ZIEGLER, MARTHA HENNING, ELIZABETH L NAME NAME 4340 S.W. 67 TERRACE STREET ADDRESS 1979 S.W. 91 AVENUE STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33328 CITY-ST-ZIP Delete CS TITLE CORRESPONDING TITLE ☐ Addition CRITES, Michele WUNDERLICH, HELEN NAME NAME STREET ADDRESS 10351 SW 45 ST STREET ADDRESS CITY-ST-ZIP DAVIE FL 33328 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

MATERIAL VIEW LAND UP FOR ARTHA ZIEGLER /20/03 9.
SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNANG OFFICER OR DIRECTOR