1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764772

1. Corporation Name

CORAL SPRINGS TACKLE FOOTBALL CLUB, INC.

Principal Place of Business
1666 NORTHWEST 111 WAY
CORAL SPRINGS FL 33071
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

1666 NORTHWEST 111 WAY CORAL SPRINGS FL 33071

US

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FILED Mar 03, 1999 8:00 am § Secretary of State

03-03-1999 90021 016 ****61.25

	14 14 1714 1 18 4	1181 WEN 119	

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

08/31/1982

59-2252761

4. FEI Number

Zip	Country		`	Journa y		D. E	lection Campaign Financir	" ⁹ 🗀		JU May Be
4	25	9	30	_			rust Fund Contribution			ed to Fees
	9. Name and Address of Current Re	gistered Agent				10. N	lame and Address of Nev	w Registered	Agent	
				81	Name					
GRUSHK	A DONN			82	82 Street Address (P.O. Box Number is Not Acceptable)					
	111 WAY			02	Japet Aut	J. 1) 66010	, Box Hambar to Harrison	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	PRINGS FL 33071			83			,		,	
CONAL 3	FMINOS FL 330/ I							··	los l	ip Code
				84	City			FL	_ 85 2	.ip Code
office or	t to the provisions of Sections 617.0502 an registered agent, or both, in the State of Fl am familiar with, and accept the obligations	orida. Such change	e was author	ized by	the corporat	rporation s tion's boar	submits this statement for t rd of directors. I hereby ac	he purpose of cept the appo	changing intment a	its registered registered
SIGNATURE			*****		t signature requi			DATE		
40	Signature, typed or printed name of registered agent and			ered Agen	signature requi		DITIONS/CHANGES TO		ND DIREC	TORS IN 12
12.	OFFICERS AND DI	DEL		.1 TITLE	Z	20 <u>^</u>			Char	
TITLE	PD COTTINGUAM MICHAEL			2 NAME		North	INS HAPPY		2000	
NAME	COTTINGHAM, MICHAEL				4000000		NS LIARRY NW 96 th DL SPRINGS FL 3 TON Ed			
STREET ADDRESS	1		1		ADDRESS 4	7/33	CODIANC EL	3071		
CITY-ST-ZIP	CORAL SPRINGS FL 33071			.4 CITY-5	· ZIP	JORAL	SPRINGS PL S		Chan	ge Addition
TITLE	\ VPD	☐ DEL	EIE 2	.1 TITLE	Vrus	/DM) L	TON EA W		pa Cilari	ge 🔲 Add:so:1
NAME	MARYNOWITZ, ED		2	2 NAME		1010	2 NW 49 % M	7.	•	
STREET ADDRESS	1		2	3 STREET	ADDRESS		CAPIAGE TO 3	2-7/		
CITY-ST-ZIP	CORAL SPGS FL 33067			. 4 CITY-S	T-ZIP Z	JOHN.	FLYING PLZ	30/1		
TITLE	TD	DE	ETE 3	S.1 TITLE	10	JAC	SPEINGS FL 3 KIE GIBYANG I NW 6 L ST	777 ,	☐ Char	ge Addition
NAME	GURSHKA, DON			3.2 NAME		11409	INW 6 th ST			
STREET ADDRESS	1666 NW 111TH WAY			.3 STREET	ADDRESS	مصم	LSPRINGS, FL	2307/		4
CITY-ST-ZIP	CORAL SPRINGS FL 33071			3.4. CITY-S	_{T-ZIP} (C	יאמשיל	L3111145, FL	3.207.		
TITLE	SD	☐ DE	ETE 4	.1 TITLE	5	Ø			Char	ge
NAME	COTTINGHAM, TAMMY			. 2 NAME		RIDGI	VER BARBARA			
STREET ADDRESS	ALCON IN ATLANTIC BLUD		1.	I.3 STREET	ADDRESS	11500	NW 39 TEST			
CITY-ST-ZIP	CORAL SPRINGS FL 33071			L4 CITY-S	r-zip	CORA	L SPRINGS FL SHEA, DONN	33065	_	
TITLE	RD	☐ DE		SA TITLE	P	0		*	Char	ge Addition
NAME	RIDENER, BARBARA			.2 NAME		CRU	SHEA, DONN			
STREET ADORES	ARABA ANAL AAOT OTREET			.3 STREET	ADDRESS /	11 P E 1	16/ /// U/XIV			•
	CORAL SPRINGS FL 33065			5,4 CITY-S	r-zip	PORAL	Spange FL 3.	307/	•	
CITY-ST-ZIP	CONAL OFFINGS FL 30003	□ DEI		3.1 TITLE			1 47	- ,	Char	ge Addition
TITLE				3.2 NAME			•			
NAME	}				ADDRESS					
STREET ADDRESS	s		1							
CITY-ST-ZIP	certify that the information supplied with th			3.4 CITY-S						

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 annual report or supplemental annual 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 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

SIGNATURE:

HIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//14/99 Date 954-772-0005

Daytime Phone #

(2E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

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Not Applicable