2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 15, 2001 8:00 am
Secretary of State
05-11-2001 90017 004 ****61.25

DOCUMENT # 766307

1. Entity Name

HOT JAZZ & ALLIGATOR GUMBO SOCIETY, INC.

(LA)

Principal Place of Business	Mailing Address
C/O MARCIE REID 3654 NE 19 AVE FT. LAUDERDALE FL 33308 US	C/O MARCIE BLVD 3654 NE 19 AVE FT. LAUDERDALE FL 33308 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o Marcie Reid Suite, Apt. #, etc. 3654 NE 19 Ave
City & State	City & State Ft Lauderdale, FL
Zip / Country	Zip / Country 33308 / US

4. FEI Number 59-2272269 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARCIE REID 3654 NE 19 AVE FT LAUDERDALE FL 33308	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 Marcie Reid Douglas H Burnley. 6-4-01
Marcie Reid, Exec. Secretary — Exec VP / Director — 4-26-01
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STARACE, STEVE 7764 CLOVERFIELD CIRCLE BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDREWS, VIC 6711 NW 4 St. Margate, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HAMILTON, PATTI 2010 NE 56 CT #1 FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIXON, JACK 812 N. Bel Air Drive Plantation, FL 33317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KETTERMAN, JIM 5900 N.E. 22ND WAY #805 FT. LAUDERDALE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOZEALOUS, H. GRAHAM 3731 SW 124 Ct. Miami, FL 33175	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGOWAN, ROB 10247 CROSSWIND RD BOCA RATON FL 33498	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSSELL, RICHARD 4970 N. Citation Dr., #8-102 Delray Beach, FL 33445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BURNLEY, DOUG 435 S FEDERAL HWY LOT 12 DEERFIELD BEACH FL 33441	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPLANO, JOE 5811 KELSEY LANE TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Marcie Reid — 4-26-01 — 954/563-5390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice Secy

X Patti Hamilton — 6-4-01 — 954/772-6909
SR. VP