

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90272 040 ****61.25

DOCUMENT # 769219

1. Entity Name

BULLDOG CLUB OF SOUTH FLORIDA, INC.

Principal Place of Business

1514 S.W. 12 COURT
 FORT LAUDERDALE FL 33312
 US

Mailing Address

3189 WESTMINSTER DRIVE
 BOCA RATON FL 33496
 US

2. Principal Place of Business

4324 SW 70 Terrace

3. Mailing Address

1514 SW 12 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Ft. Lauderdale, FL

Zip

33314

Country

USA

Zip

33312

Country

USA

4. FEI Number

59-2354815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ISAKSON, NANCY
 1514 S.W. 12 COURT
 FORT LAUDERDALE FL 33312

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SINIBALDI, GUS C	
STREET ADDRESS	105 NE 28 CT	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	ISAKSON, NANCY	
STREET ADDRESS	1514 S.W. 12 COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	GINSBERG, HERB	
STREET ADDRESS	3189 WESTMINSTER DR.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	V/D	<input checked="" type="checkbox"/> Delete
NAME	ISAKSON, WILLIAM	
STREET ADDRESS	1514 S.W. 12 COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberta Glaser	
STREET ADDRESS	4324 SW 70 Terr	
CITY-ST-ZIP	Davie, FL 33314	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Rajzynger	
STREET ADDRESS	7027 W. Broward Blvd # 266	
CITY-ST-ZIP	Plantation, FL 33317	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Anderson	
STREET ADDRESS	5341 SW 4th St	
CITY-ST-ZIP	Plantation FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Roberta Glaser* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

954-424-2176

Daytime Phone #

CR2E037 (9/01)