

753

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90135 023 ***150.00

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DOCUMENT # **L92625**

1. Entity Name
SAWGRASS FAN CLUB, INC.

Principal Place of Business

**12801 W SUNRISE BLVD
877
SUNRISE FL 33323
US**

Mailing Address

**ATTN: TAX DEPARTMENT
7880 BENT BRANCH DRIVE, SUITE 100
IRVING TX 75063**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3096235

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**UNITED STATES CORPORATION COMPANY
1201 HAYES STREET #105
TALLAHASSEE FL 32301**

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Delete
NAME	WINTON, NANCY L
STREET ADDRESS	7880 BENT BRANCH DR #100
CITY-ST-ZIP	IRVING TX
TITLE	<input type="checkbox"/> Delete
NAME	DP NEVILLE, SHAWN R
STREET ADDRESS	7880 BENT BRANCH DR #100
CITY-ST-ZIP	IRVING TX
TITLE	<input type="checkbox"/> Delete
NAME	TS SITES, TIMOTHY D
STREET ADDRESS	7880 BENT BRANCH DR. #100
CITY-ST-ZIP	IRVING TX 75063
TITLE	<input type="checkbox"/> Delete
NAME	AS RODRIGUEZ, VIKKI
STREET ADDRESS	7880 BENT BRANCH DR. #100
CITY-ST-ZIP	IRVING TX 75063
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP/SECY
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP/D
STREET ADDRESS	LEE D. APPLBAUM
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	WARREN Z. COLTER
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **NANCY L. WINTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/4/02** Daytime Phone #: **(912) 501-5000**

CR2E034 (9/01)