

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

DOCUMENT # **N 00000001707**

1. Entity Name

**Inner City Varsity Club**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 25 AM 8:21

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4646 N.W. 17th Ave**

3. Mailing Address

**4646 NW 17th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

**Miami, FL**

4. FEI Number

**651047413**

Applied For

Not Applicable

Zip

**33142**

Country

**DADE**

Zip

**33142**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**John Williams**

Street Address (P.O. Box Number is Not Acceptable)

**4646 N.W. 17th Ave**

City

**Miami**

FL

Zip Code

**33142**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**John Williams**

(NOTE: Registered Agent signature required when reinstating)

**May 04**

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>33142 1785 NW 57th Ave, FL Thomas S. Armbrister-P</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP Joe Nathan Lindsey 4646 NW 17th Ave Miami, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS William's 3031 NW 19th Ave Miami FL 33142 Secretary</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer John Williams 16141 Bunch Pk Drive Miami FL</b>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**John Williams**

**May 20-04 305-6369717**

CR2E037B (12/02)