2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

Mar 18, 2002 8:00 am DOCUMENT # N00000003942 **Secretary of State** GET FLANAGAN A STADIUM, INC. 03-18-2002 90088 030 ****61.25 Principal Place of Business Mailing Address 12800 TAFT STREET 12800 TAFT STREET PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0950368 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROSE, HENRY 12800 TAFT STREET PEMBROKE PINES FL 33028 Zip Code FL 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) Make Check Pavable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ,10. Director **Addition** TITLE ☐ Delete ANGEL G. ARROYO GILBERT, MIRTA F NAME HAME 19122 NW 12CT STREET ADDRESS STREET ADDRESS 2110 NW '118 AVE. CITY-ST-ZIP CITY-ST-ZIP <u>Pembroka</u> 3302 PEMBROKE PINES FL 33026 Director ☐ Change Addition $\overline{\mathsf{PD}}$ TITLE ☐ Delete TITLE Dearn Combs ROSE, HENRY NAME NAME Ave 501,5W 172 STREET ADDRESS STREET ADDRESS 12800 TAFT STREET CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 33028 TITLE Change ☐ Addition Delete TITLE DAHLMAN, VICKIE NAME NAME STREET ADDRESS 11561 S OREN CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 32026 ☐ Delete TITLE ☐ Addition TITLE HANNUM, PATTY NAME STREET ADDRESS STREET ADDRESS 12800 TAFT STREET CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 33028 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

(9/01)