

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90246 047 ****61.25

DOCUMENT # N00000003942

1. Entity Name

GET FLANAGAN A STADIUM, INC.



Principal Place of Business

**12800 TAFT STREET
PEMBROKE PINES FL 33028**

Mailing Address

**12800 TAFT STREET
PEMBROKE PINES FL 33028**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0950368**

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

**ROSE, HENRY
12800 TAFT STREET
PEMBROKE PINES FL 33028**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GILBERT, MIRTA F 2110 NW 118 AVE. PEMBROKE PINES FL 33026	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, HENRY 12800 TAFT STREET PEMBROKE PINES FL 33028	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARROYO, ANGEL G 19122 NW 12CT PEMBROKE PINES FL 33029	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANNUM, PATTY 12800 TAFT STREET PEMBROKE PINES FL 33028	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMBS, DEAN 501 SW 172 AVE PEMBROKE PINES FL 33029	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CLAIR PERDOMO 1275 NW 192nd WAY PEMBROKE PINES, FL 33029	☐ Change ☒ Addition

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:

HENRY ROSE

3/18/03

305-769-1806

CR2E037 (10/02)