

2002 UNIFORM BUSINESS REPORT (R)

4/1

FILED
May 30, 2002 8:00 am
Secretary of State

04-17-2002 90106 034 ****61.25

DOCUMENT # N01000006398

1. Entity Name

FACE TO FACE FLORIDA BUSINESS CLUB, INC.

Principal Place of Business

Mailing Address

**3443 NE 19TH AVE.
 FT. LAUDERDALE FL 33306**

**3443 NE 19TH AVE.
 FT. LAUDERDALE FL 33306**

88208

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

☒ 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

**LOOPER, BILLY
 3443 NE 19TH AVE.
 FT. LAUDERDALE FL 33306**

Name **J.D. Pryor**
 Street Address (P.O. Box Number is Not Acceptable)
2900 NE 21st Terrace
 City **Fort Lauderdale** FL Zip Code **33306**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOOPER, BILLY 3443 NE 19TH AVE. FT. LAUDERDALE FL 33306	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLIVE, MARK PO BOX 4057 FT. LAUDERDALE FL 33338	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PRYOR, J.D. 1881 NE 28TH ST. FT. LAUDERDALE FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President (D) J & F Dillon 9 SE 11th Avenue Ft. Lauderdale, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (D) Monique Edwards 2880 W. Oakland Park Blvd. #125B Fort Lauderdale, FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

Date

954-253-3123

Daytime Phone #

CR2E037 (9/01)

Attachment
NOI 000006398

88208

Form **SS-4**

Application for Employer Identification Number

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1	Legal name of entity (or individual) for whom the EIN is being requested <u>Face to Face Florida Business Club, Inc.</u>	
2	Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name <u>S.D. Pryor</u>
4a	Mailing address (room, apt., suite no. and street, or P.O. box) <u>2900 NE 21st Terrace</u>	5a Street address (if different) (Do not enter a P.O. box.)
4b	City, state, and ZIP code <u>Fort Lauderdale, FL 33306</u>	5b City, state, and ZIP code <u>Fort Lauderdale, FL 33306</u>
6	County and state where principal business is located <u>Broward County, FL</u>	
7a	Name of principal officer, general partner, grantor, owner, or trustor <u>S.D. Pryor</u>	7b SSN, ITIN, or EIN

8a	Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ <u>Business Club Networking</u> <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption Number (GEN) ▶	<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises
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8b	If a corporation, name the state or foreign country (if applicable) where incorporated State <u>FL</u> Foreign country
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9	Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ <u>REQUIRED AS NON-PROFIT CORP. IN FLORIDA</u>	<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶
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10	Date business started or acquired (month, day, year) <u>9/7/01</u>	11 Closing month of accounting year <u>December</u>
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12	First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ <u>N/A</u>
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13	Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶	Agricultural <u>0</u>	Household <u>0</u>	Other <u>0</u>
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14	Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input checked="" type="checkbox"/> Other (specify) <u>business networking club</u>	<input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail
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15	Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>N/A</u>
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16a	Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.
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16b	If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ <u>N/A</u> Trade name ▶
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16c	Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) <u>N/A</u> City and state where filed Previous EIN
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Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Address and ZIP code	Designee's telephone number (include area code) () Designee's fax number (include area code) ()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	
Name and title (type or print clearly) ▶ <u>William Cooper, Chairman</u>	Applicant's telephone number (include area code) <u>(954) 565-3117</u>
Signature ▶ <u>[Signature]</u> Date ▶ <u>5/14/02</u>	Applicant's fax number (include area code) <u>(954) 565-3119 5440</u>