2002 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2002 8:00 am Secretary of State DOCUMENT # N01000008846 1. Entity Name FLORIDA LACROSSE CLASSIC, INC. 05-01-2002 91567 002 ****70.00 Principal Place of Business Mailing Address 5425 NW 24TH ST. 5425 NW 24TH ST. SUITE 208 SUITE 208 MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address Spanish River Bl 500 NE Spansh Rue Bld <u> 50</u>0 N E Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 12 井 12 City & State City & State 4. FEI Number Applied For 041 6200-08 FC Not Applicable ountry \$8.75 Additional Palm 33431 5. Certificate of Status Desired Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, GARY G 500 NE SPANISH RIVER BLVD. SUITE 103 **BOCA RATON FL 33431** City 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. Election Campaign Financing FILE NOW: FEE IS 661.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. П Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition NAME BARBA, RICHARD NAME STREET ADDRESS 5425 NW 24TH ST., SUITE 208 STREET ADDRESS CITY-ST-7IF MARGATE FL 33063 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCGOUGH, THOMAS NAME STREET ADDRESS 5425 NW 24TH ST., SUITE 208 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 CITY-ST-ZIP TITLE Delete TITLE ☐ Change **Codition** Ponale J. Chinton NAME NAME 500 NE Spanish River Blud HIZ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Boca Rahan, PL-TITLE Delete TIT) F Addition NAME STREET ADDRESS Spanish River Blud #12 STREET ADDRESS NE CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE R. Charles Change NAME NAME 500 NE. Spanish River Blud # 12 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REDUNCED SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

561-391-6100