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

DOCUMENT # N01000008846

1. Entity Name
FLORIDA LACROSSE CLASSIC, INC.

FILED
03 OCT -6 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/25/03 01057 009 **70.00

Principal Place of Business	Mailing Address
500 NE SPANISH RIVER BLVD 12 BOYNTON BEACH, FL 33437	500 NE SPANISH RIVER BLVD 12 BOYNTON BEACH, FL 33437

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
500 NE SPANISH RIVER BLVD	500 NE SPANISH RIVER BLVD
Suite, Apt. #, etc. SUITE 12	Suite, Apt. #, etc. SUITE 12
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip / Country 33431	Zip / Country 33431

4. FEI Number
80-0024170
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, GARY G
500 NE SPANISH RIVER BLVD.
SUITE 103
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name: DONALD J. CLINTON
Street Address (P.O. Box Number is Not Acceptable): 500 NE SPANISH RIVER BLVD
SUITE 12
City: BOCA RATON FL Zip Code: 33431

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 _____ DONALD J. CLINTON 8/15/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARBA, RICHARD 6425 NW 24TH ST., SUITE 208 MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Greg Lymber 2801 NW 22nd Terr. Pompano Beach, FL 33069 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCGOUGH, THOMAS 6425 NW 24TH ST., SUITE 208 MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D James Landon 4401 N. Federal Hwy, Suite 202 Boca Raton FL 33431 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLINTON, DONALD J 500 NE SPANISH RIVER BLVD #12 BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joseph Rusinowski 5950 W. Hillsboro Blvd, Suite 9 Coconut Creek FL 33073 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, GARY G 500 NE SPANISH RIVER BLVD #12 BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D = All Directors ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLINTON, BRIAN R 500 NE SPANISH RIVER BLVD #12 BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: _____ 8/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #