

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90182 011 ****61.25

DOCUMENT # N02000001520

1. Entity Name

STEAM LOCOMOTIVE ASSOCIATION #253, INC.



Principal Place of Business

**4920 S.W. 167TH AVENUE
FT. LAUDERDALE FL 33331**

Mailing Address

**4920 S.W. 167TH AVENUE
FT. LAUDERDALE FL 33331**

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

N02000001520

☒ 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

**SPRECKELMEIER, STEVEN
4920 S.W. 167TH AVENUE
FT. LAUDERDALE FL 33331**

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	D	<input type="checkbox"/> Delete
NAME	SPRECKELMEIER, STEVEN	
STREET ADDRESS	4920 S.W. 167TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRECKELMEIER, ROBERT REBECCA	
STREET ADDRESS	4920 S.W. 167TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATES, ROBERT	
STREET ADDRESS	106 EAST BEVERLY RD	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARPER, ALLEN C	
STREET ADDRESS	1360 S. DIXIE HIGHWAY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D.	<input checked="" type="checkbox"/> ADD.
NAME	BURNS, MICHAEL	
STREET ADDRESS	4940 HAWES BLVD	
CITY-ST-ZIP	DAVIE, FL 33331	
TITLE		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRECKELMEIER, REBECCA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] **SIGNATURE REQUIRED**

4-15-2003 954-6807686

CR2E037 (10/02)