

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

0008899

DOCUMENT # N02000003671

1. Entity Name

POMPANO TIGERS FOOTBALL AND CHEERLEADING ASSOC, INC.



APPROVED  
AND  
FILED

03 SEP 22 PM 7:45

Principal Place of Business

4400 N.E. 18TH AVENUE  
POMPANO BEACH FL 33064

Mailing Address

4400 N.E. 18TH AVENUE  
POMPANO BEACH FL 33064

*Handwritten signature*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2003

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

30-0106001

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLELLAN, TODD  
4400 N.E. 18TH AVENUE  
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

Amelia Lleras

Street Address (P.O. Box Number is Not Acceptable)

370 NE 59th Ct

City

Fort Lauderdale

FL

Zip Code

33334

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

*Handwritten signature* Pres.

09.18.03

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

After September 10, 2003, min will be \$236.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCCLELLAN, TODD	
STREET ADDRESS	1594 N.E. 43 COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOPE, DANNY	
STREET ADDRESS	4802 NE 48 STREET	
CITY-ST-ZIP	POMPANO FL 33064	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, DIANNE	
STREET ADDRESS	2616 NE 15 TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WADE, DANA	
STREET ADDRESS	4400 N.E. 18TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amelia Lleras	
STREET ADDRESS	370 NE 59th Ct	
CITY-ST-ZIP	Fort Lauderdale, FL 33334	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Faith Hess	
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dianne Schneider	
STREET ADDRESS	2616 NE 15 TERE	
CITY-ST-ZIP	Pompomano Beach, FL 33064	
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:

*Handwritten signature*

09.18.03

954 7729047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)