

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90564 047 ****70.00

DOCUMENT # N04000000063

1. Entity Name

SOUTH BROWARD SPORTS CENTER INC.



Principal Place of Business

**7936 EMBASSY BLVD
MIRAMAR FL 33023**

Mailing Address

**7936 EMBASSY BLVD
MIRAMAR FL 33023**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

58-2683206

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

**SMITH, MARIA
7936 EMBASSY BLVD
MIRAMAR FL 33023**

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
Due By May 1, 2004**

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	DC	<input type="checkbox"/> Delete
NAME	SMITH, MARIA	
STREET ADDRESS	7936 EMBASSY BLVD	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	DC	<input type="checkbox"/> Delete
NAME	VAMPER, JAMES	
STREET ADDRESS	621 SW 71 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JAMES	
STREET ADDRESS	7900 SW 3 ST BLDG 14 APT 102	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DINGLE, HAROLYN	
STREET ADDRESS	5223 SW 32 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME	SMITH, HERBERT R	
STREET ADDRESS	7936 EMBASSY BLVD	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04 (954) 270-5289