

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07930

1. Entity Name

SOUTH FLORIDA SCIENCE FICTION SOCIETY, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90091 032 \*\*\*\*61.25

Principal Place of Business

PO BOX 70143  
FORT LAUDERDALE FL 33307  
US

Mailing Address

PO BOX 70143  
FORT LAUDERDALE FL 33307-0143  
US

2. Principal Place of Business

3444 NE 2ND AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

OAKLAND PARK FL

City & State

4. FEI Number

59-2575665

Applied For

Not Applicable

Zip

33334-1102

Country

US

Zip

Country

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

SICLARI, JOSEPH D.  
4599 NW FIFTH AVENUE  
BOCA RATON FL 33431

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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete  
NAME WILSON, WILLIAM  
STREET ADDRESS 3242 ARTHUR TER  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE TD ☒ Change ☐ Addition  
NAME WILSON, WILLIAM  
STREET ADDRESS 3242 ARTHUR TER  
CITY-ST-ZIP HOLLYWOOD FL 33021-5018

TITLE PD ☐ Delete  
NAME GOODMAN, JUDI  
STREET ADDRESS 7670 SW 152 AVENUE #106  
CITY-ST-ZIP MIAMI FL 33193

TITLE SD ☒ Change ☐ Addition  
NAME GOODMAN, JUDI  
STREET ADDRESS 7670 SW 152ND AVE APT 106  
CITY-ST-ZIP MIAMI FL 33193-1131

TITLE TD ☒ Delete  
NAME WARNMUTH, CYNTHIA  
STREET ADDRESS 3242 ARTHUR TERR  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE SD ☐ Change ☒ Addition  
NAME HERZ, MELANIE  
STREET ADDRESS 2517 MANOR DR NE  
CITY-ST-ZIP PALM BAY FL 32905-3142

TITLE VD ☐ Delete  
NAME PEREZ, CARLOS JR  
STREET ADDRESS 534 SEVILLA AVE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD ☐ Delete  
NAME BARKER, PETER  
STREET ADDRESS 9260 KETAY CIR.  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE D ☒ Change ☐ Addition  
NAME BARKER, PETER  
STREET ADDRESS 9260 KETAY CIR  
CITY-ST-ZIP BOCA RATON FL 33428-1512

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE PD ☐ Change ☒ Addition  
NAME SICLARI, JOSEPH  
STREET ADDRESS 4599 NW 5TH AVE  
CITY-ST-ZIP BOCA RATON FL 33431-4601

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:

WILLIAM WILSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)