

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90340 021 ****61.25

DOCUMENT # N07930

1. Entity Name

SOUTH FLORIDA SCIENCE FICTION SOCIETY, INC.

Principal Place of Business

Mailing Address

**3444 NE 2ND AVE
 OAKLAND OAK FL 33334-1102
 US**

**PO BOX 70143
 FORT LAUDERDALE FL 33307
 US**

00029880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2575665

Applied For

Not Applicable

Zip

Country

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 PETERSON, GEORGE
 202 LAKE POINTE PR APT. 20
 FORT LAUDERDALE, FL 33309-3560** ☐ Change ☒ Addition

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 PEREZ, CARLOS J.R.
 202 LAKE POINTE** ☒ Change ☐ Addition

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 RAWLIK, SHIRLENE
 539 37th ST
 WEST PALM BEACH FL 33407-4307** ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01 (954) 983-0749

Date

Daytime Phone #

CR2E037 (10/00)