

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

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90033 021 \*\*\*\*61.25

**DOCUMENT # N07930**

1. Entity Name  
**SOUTH FLORIDA SCIENCE FICTION SOCIETY, INC.**



Principal Place of Business  
P.O. BOX 70143  
FORT LAUDERDALE FL 33307  
US

Mailing Address  
PO BOX 70143  
FORT LAUDERDALE FL 33307  
US

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 **59-2575665**

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

**PETERSON, GEORGE**  
**202 LAKE POINTE DR**  
**APT 20**  
**FORT LAUDERDALE FL 33309**

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 George W. Peterson Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/03

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	VD	<input checked="" type="checkbox"/> Delete
NAME	WARMUTH, CINDY	
STREET ADDRESS	3242 ARTHUR TER	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PD	<input type="checkbox"/> Delete
NAME	?PETERSON, GEORGE	
STREET ADDRESS	202 LAKE POINTE DR APT 20	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERZ, MELANIE	
STREET ADDRESS	2517 MANOR DR NE	
CITY-ST-ZIP	PALM BAY FL 32905-3142	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GODMAN, JUDY	
STREET ADDRESS	7670 SW 152ND AVE APT 106	
CITY-ST-ZIP	MIAMI FL 33193-1131	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERZ, MELANIE	
STREET ADDRESS	2517 MANOR DR NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George PETERSON	
STREET ADDRESS	202 LAKE POINTE DR. APT 20	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDI CASTRO	
STREET ADDRESS	7670 SW 152ND AVE APT 106	
CITY-ST-ZIP	MIAMI, FL 33193-1131	
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: Michael R. Campbell

3/22/03 321-956-8860

CR2E037 (10/02)