

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90502 019 \*\*\*\*61.25

DOCUMENT #

N09650

1. Entity Name

First Class Club

**DO NOT WRITE IN THIS SPACE**

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

59-2562705

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

S. Albert L. Ivey

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

609 SW 1st Street

City

Dania Beach

FL

Zip Code

33004

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 name and address of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

1248 NW 18th Court  
H. Landerate, FL 33311  
D. McSwain, Hardy

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

T. 1248 NW 18th Court  
H. Landerate, FL 33311  
M. L. Ma Hardy

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

609 SW 1st Street  
Dania Beach, FL 33004  
S. Albert L. Ivey Sr

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR