

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91246 022 \*\*\*\*61.25

**DOCUMENT # N11740**

1. Entity Name

**CORAL SPRINGS ROAD RUNNERS RADIO CONTROL CAR CLU**

Principal Place of Business

P.O. BOX 9632  
 CORAL SPRINGS FL 33075

Mailing Address

P.O. BOX 9632  
 CORAL SPRINGS FL 33075

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

**59-2738752**

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

**ROSENBLOOM, MARTIN S.**  
**7809 W. COMMERCIAL BLVD.**  
**TAMARAC FL 33351**

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 **VPD** ☒ Delete  
 NAME **OSTER, CHRIS**  
 STREET ADDRESS **8656 NW 51 CT**  
 CITY-ST-ZIP **CORAL SPGS FL 33087**

TITLE **D** ☐ Change ☒ Addition  
 NAME **CHRIS VARR**  
 STREET ADDRESS **942 NE 24 AVE**  
 CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE **STD** ☒ Delete  
 NAME **SCHWARTZ, RICHARD K.**  
 STREET ADDRESS **2153 N.W. 115 LANE**  
 CITY-ST-ZIP **CORAL SPRINGS FL**

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

TITLE **PD** ☐ Delete  
 NAME **JOHN, ARGENTONO**  
 STREET ADDRESS **924 JOHNSON ST**  
 CITY-ST-ZIP **HOLLYWOOD FL**

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

TITLE **VPD** ☐ Delete  
 NAME **MARK Applegate**  
 STREET ADDRESS **7816 SW 6 ST**  
 CITY-ST-ZIP **NORTH LAUDERDALE, FL 33068**

TITLE **VPD** ☐ Change ☒ Addition  
 NAME **MARK Applegate**  
 STREET ADDRESS **7816 SW 6 ST.**  
 CITY-ST-ZIP **N. LAUDERDALE, FL 33068**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 817, 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

Date

Daytime Phone #

CR2E037 (10/00)