

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26160

1. Entity Name

THE SCOTT LAKE ATHLETIC CLUB, INC.

Principal Place of Business

17710 NW 15TH COURT  
MIAMI FL 33169

Mailing Address

19604 NW 29TH AVE  
MIAMI FL 33056-2402  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

COOPER, JOSEPH  
19604 NW 29TH AVE  
MIAMI FL 33056

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME COOPER, JOSEPH  
STREET ADDRESS 19604 NW 28TH AVE  
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE 1VPD  
NAME MAULTSBY, MARTIN  
STREET ADDRESS 2230 NW 190TH TERR  
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE 2VPD  
NAME LIGON, FRANK JR  
STREET ADDRESS 1204 S 20TH AVE  
CITY-ST-ZIP HOLLYWOOD FL 33020 ☒ Delete

TITLE T  
NAME BAILEY, TANIA  
STREET ADDRESS 6941 NW 173RD DR APT 201  
CITY-ST-ZIP MIAMI FL 33015 ☒ Delete

TITLE S  
NAME HORNE, CLEOLA  
STREET ADDRESS 2951 NW 187TH ST  
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE 2VPD  
NAME Williams, RUFUS  
STREET ADDRESS 19220 NW 5th CT.  
CITY-ST-ZIP Miami, FL 33169 ☐ Change ☒ Addition

TITLE T  
NAME WILLIAMS, ROBIN  
STREET ADDRESS 19220 NW 5th CT.  
CITY-ST-ZIP Miami, FL 33169 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

MARTIN MAULTSBY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-2-00

305 347-4830



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)