

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90011 025 ****61.25

DOCUMENT # N34001

1. Entity Name

SEMINOLE PARK SOCIAL CLUB, INCORPORATED

Principal Place of Business

Mailing Address

13 VINE ST.
 HOLLYWOOD FL 33021
 US

13 VINE STREET
 HOLLYWOOD FL 33021
 US

921061



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10 Roads End Drive

10 Roads End Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hollywood, Florida

City & State
Hollywood, Florida

4. FEI Number **65-0175094**

Applied For
 Not Applicable

Zip **33021**

Country **U.S.A.**

Zip **33021**

Country **U.S.A.**

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

NICOLETTI, BARBARA
13 VINE ST.
HOLLYWOOD FL 33021

Name **REGINALD SOUMIS**
 Street Address (P.O. Box Number is Not Acceptable) **10 Roads End Drive**
Hollywood, Florida - 33021
 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 | PD RAPACZ, NICOLE L 29 WOODLAND DR HOLLYWOOD FL 33021 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HOPFINGER, JEANNINE 3 ROADS END HOLLYWOOD FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD NICOLETTI, BARBARA 13 VINE STREET HOLLYWOOD FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PORTUGAISE, PIERRE 3301 STATE RD 7 A-31 HOLLYWOOD FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ST-GEORGES, ROGER 4 BIG OAK LN HOLLYWOOD FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BOULIANE, GILLES 19 FERN DRIVE HOLLYWOOD FL | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D-HERVE MORISSEAU 8 WOODLAND DRIVE Hollywood - FL 33021 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D-OLGA BOTELHO 3 ACORN DRIVE Hollywood, FL 33021 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD-Portugaise PIERRE 25 VINE ST Hollywood, FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: PIERRE PORTUGAISE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/2001

Date

Daytime Phone #

CR2E037 (10/00)