

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35165

1. Entity Name

CLASSIC V-DUBS AND FRIENDS INC.

Principal Place of Business

Mailing Address

P.O. BOX 26113  
TAMARAC FL 33320-6113

P.O. BOX 26113  
TAMARAC FL 33320-6113

2. Principal Place of Business

3. Mailing Address 3725  
SO. OCEAN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Hollywood, FL

Zip

Country

Zip

Country

33019 Broward

6. Name and Address of Current Registered Agent

THURN, JOHN  
1321 SW 114 WAY  
FORT LAUDERDALE 33325

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 NAME STREET ADDRESS CITY-ST-ZIP	DT PACE, JOHN 7921 NW 53 CT LAUDERHILL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC HANDLER, NORMAN 9704 NW 28TH COURT CORALS SPRINGS	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUST, JAY 11650 NW 37TH PLACE SUNRISE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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:

NORMAN HANDLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90086 028 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required