

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90073 024 ****70.00

0033103

DOCUMENT # N35169

1. Entity Name

HOLLYWOOD OPTIMIST FOOTBALL LEAGUE, INC.

Principal Place of Business

391 N.E. 27TH AVE.
 BOYNTON BEACH FL 33435
 US

Mailing Address

3389 SHERIDAN ST.
 #233
 HOLLYWOOD FL 33021

00033127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8131 NW 91 TERR

3. Mailing Address

Suite, Apt. #, etc.

MEDLEY

Suite, Apt. #, etc.

City & State

FLA

City & State

Zip

33166

Country

DADE

Zip

Country

4. FEI Number

65-0213270

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FAUST, RUSSELL
 2405 JACKSON ST.
 HOLLYWOOD FL 33020

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	DT	<input type="checkbox"/> Delete
NAME	FAUST, RUSSELL	
STREET ADDRESS	4814 SW 28N TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33009	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LEONARD, BEN	
STREET ADDRESS	391 N.E. 27TH AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GONZALES, NELSON	
STREET ADDRESS	4521 N. 34TH ST.	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	BERGER, STEVE	
STREET ADDRESS	5101 SW 109 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN F. BERGER	
STREET ADDRESS	5101 SW 109 AVE	
CITY-ST-ZIP	FORT LAUD - FLA 33328	
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael L. Spivey	
STREET ADDRESS	16920 N.W 33 AVENUE	
CITY-ST-ZIP	CAROL CITY, FLA 33056	
TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angela Rutte	
STREET ADDRESS	190 NE 213 ST	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/01 954-920-1170

CR2E037 (10/00)