

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90009 032 ****70.00

DOCUMENT # N35169

1. Entity Name

HOLLYWOOD OPTIMIST FOOTBALL LEAGUE, INC.



Principal Place of Business

**8131 NW 91 TERRACE
MEDLEY FL 33166
US**

Mailing Address

**3389 SHERIDAN ST.
#233
HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	FAUST, RUSSELL	
STREET ADDRESS	4814 SW 28N TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33009	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BANGER, STEVEN	
STREET ADDRESS	5101 SW 109 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SPIVEY, MICHAEL L	
STREET ADDRESS	16920 NW 33 AVENUE	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ROLLE, ANGELA	
STREET ADDRESS	190 NE 213 ST	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BERGER STEVEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	5101 SW 109 AVE Ft. Lauderdale FL 33328	
CITY-ST-ZIP		
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		
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]* **FAUST RUSSELL** **FAUST 354-930-1177**

SIGNATURE AND TYPED OR PRINTED NAME

CR2E037 (10/02)