

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39502 (2)

1. Corporation Name

THE SIR WILLIAM TOP HAT SOCIETY INC.

Principal Place of Business

P. O. BOX 758007
CORAL SPRINGS FL 33075

Mailing Address

P. O. BOX 758007
CORAL SPRINGS FL 33075



3. Date Incorporated or Qualified

08/08/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0226994

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROSE, PETER A.
ROSE & ROSE, P.A.
2101 N. ANDREWS AVE., STE. 200
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME UTZ, STEPHEN
STREET ADDRESS 1840 TAMARIND LANE
CITY-ST-ZIP COCONUT CREEK FL ☒ DELETE

TITLE D
NAME LITTLE, GREG
STREET ADDRESS 1027 NE 36TH STREET
CITY-ST-ZIP OAKLAND PARK FL 33334 ☐ DELETE

TITLE DS
NAME SHAPIRO, JUDY
STREET ADDRESS 5701 CAMINO DEL SOL UNIT #103
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

TITLE CMP
NAME CHECKLEY, WILLIAM A.G.
STREET ADDRESS P. O. BOX 758007 N/A
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE (DT) DENNIS MCGEE ☐ Change ☒ Addition
12 NAME 738 NE 7TH AVENUE
13 STREET ADDRESS FORT LAUDERDALE, FL 33334
14 CITY-ST-ZIP

21 TITLE (DS) KATHREEN BAILEY ☐ Change ☒ Addition
22 NAME 2601 NE 43RD STREET
23 STREET ADDRESS LIGHTHOUSE POINT FL 33064
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE 100001866191 ☐ Change ☐ Addition
52 NAME -06/19/96--01001--037
53 STREET ADDRESS ***70.00
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Checkley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 954563-9094
Date Daytime Phone #

CR2E037 (12/95)