

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39502

1. Entity Name

THE SIR WILLIAM TOP HAT SOCIETY INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90190 029 \*\*\*\*61.25

Principal Place of Business 2601 NE 43RD STREET LIGHTHOUSE POINT FL 33064 US	Mailing Address 2601 NE 43RD STREET LIGHTHOUSE POINT FL 33064-8067 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0226994</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ (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	<b>D REED, JILL</b> 9171 A SW 5TH ST. BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BAILEY, KATHERINE</b> 2601 NE 43RD ST. LIGHTHOUSE PT. FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CMP CHECKLEY, WILLIAM A.G.</b> 2601 NE 43RD STREET LIGHTHOUSE POINT FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS TREVINO, SHEILA</b> 2694 SW 11TH PLACE DEERFIELD BCH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 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 *Sheila Trevino* **SIGNATURE OF TREVINO** **12 Jan '00** **954 942-1247**

CR2E037 (9/99)