2000 UNIFORM BUSINESS REPORT (UBR)

UP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED Mar 04, 2000 8:00 am Secretary of State **DOCUMENT # N43319** 1. Entity Name FT. LAUDERDALE CORVETTE CLUB, INC. 03-04-2000 90094 032 ****61.25 Mailing Address Principal Place of Business 1260 NW 8TH STREET 1260 NW 8TH STREET **BOCA RATON FL 33486** BOCA RATON FL 33486-2102 PARATATA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0259867 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KROOSS, RICHARD 1260 NW 8TH STREET **BOCA RATON FL 33486** Zip Code City 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 DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE D Change ☐ Addition TITLE NAME MESSURI. PETER NAME MAZZELLI, ED STREET ADDRESS 1560 NW 11TH ST STREET ADDRESS 832 N W 108TH LANE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 **BOCA RATON FL** Delete Change ☐ Addition DS TITLE TITLE HAAS, RANDI WESTERGOM, ANDREA NAME NAME 2935 S E 1ST STREET STREET ADDRESS STREET ADDRESS 5900 BLDG BEACH PLACE **BOYNTON BEACH FL 33435** CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33319-3034 DVP Delete Change ☐ Addition DVP TITLE TITLE BROWN, TOM NAME LAWERENCE, PENNY NAME 500 S E 8TH AVENUE STREET ADDRESS STREET ADDRESS 551 SE 2ND TERR POMPANO BEACH FL 33060 CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL 33060-8407 ☐ Change ☐ Addition TITLE TITLE ☐ Delete PFITZENMAIER, SHIRLEY NAME NAME STREET ADDRESS STREET ADDRESS 252 SW 23 ST CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33315 Change ☐ Addition Delete TITLE TD TITLE NAME MAROZAN, ANNE NAME KROOSS, MARY STREET ADDRESS 1260 N W 8TH STREET STREET ADDRESS 18518 ANCHOR DR. CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33498-6301 BOCA RATON FL 33486 Change ☐ Addition Delete TITLE TITLE BROWN, JANE MOROZSAN, ANDY NAME NAME STREET ADDRESS 500 S E 8TH AVENUE STREET ADDRESS 18518 ANCHOR DR. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 BOCA RATON FL 33498-6301 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 suppowered.

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