

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90059 019 \*\*\*\*61.25

**DOCUMENT # N43519**

1. Entity Name

**TAMARAC ATHLETIC FEDERATION, INC.**

Principal Place of Business

7501 N. UNIVERSITY DR.  
TAMARAC FL 33321

Mailing Address

P.O. BOX 26806  
FT. LAUDERDALE FL 33320-6806

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BRADEN, JOE**  
**8280 NW 68TH TERR.**  
**TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name

**Robert Cleaver**

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

**7802 NW 71ST**

City

**TAMARAC**

**FL**

Zip Code

**33321**

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 **PD** ☒ Delete  
NAME **BRADEN, JOE**  
STREET ADDRESS **8280 NW 68TH TERR.**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **VD** ☒ Delete  
NAME **BUA, LINDA**  
STREET ADDRESS **8117 NW 73RD TERR.**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **SD** ☒ Delete  
NAME **CLEAVER, ROB**  
STREET ADDRESS **7802 NW 71ST ST.**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **TD** ☒ Delete  
NAME **LACOMBE, CAL**  
STREET ADDRESS **4200 SEAGRAPE #1**  
CITY-ST-ZIP **LAUDERDALE BY THE SEA FL 33308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **ROB CLEAVER**  
STREET ADDRESS **7802 NW 71 ST**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **VD** ☐ Change ☒ Addition  
NAME **GUY ALEXANDER**  
STREET ADDRESS **8039 NW 71CT**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **SD** ☐ Change ☒ Addition  
NAME **JEANNIE LEHMBECK**  
STREET ADDRESS **8009 NW 72 AVE**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **TD** ☐ Change ☒ Addition  
NAME **MICHAEL LEHMBECK**  
STREET ADDRESS **8202 NW 73 TER**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/00**

**954 270 0621**

Date

Daytime Phone #

CR2E037 (9/99)