

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90415 016 ****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**

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

7. Name and Address of New Registered Agent

**CLEAVER, ROBERT
~~7802 NW 71 ST~~
TAMARAC FL 33321**

7908 NW 70th Ct.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME **CLEAVER, ROB**
STREET ADDRESS **7908 NW 70 CT**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **VD** ☐ Delete
NAME **LEHMBECK, JEANNIE**
STREET ADDRESS **8009 NW 72 AVE**
CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE **SD** ☐ Delete
NAME **LATE, CHRISTINE**
STREET ADDRESS **5241 NW 78 TERR**
CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE ☐ Change ☐ Addition
NAME **Rogers, Christine**
STREET ADDRESS **5241 NW 78 TERR**
CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE **TD** ☐ Delete
NAME **MCDONALD, KEVIN**
STREET ADDRESS **8111 NW 73 AVENUE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Change ☐ Addition
NAME **MCDONALD, KEVIN**
STREET ADDRESS **8111 NW 73 AVENUE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Delete
NAME **MCDONALD, KEVIN**
STREET ADDRESS **8111 NW 73 AVENUE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Change ☐ Addition
NAME **MCDONALD, KEVIN**
STREET ADDRESS **8111 NW 73 AVENUE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Delete
NAME **MCDONALD, KEVIN**
STREET ADDRESS **8111 NW 73 AVENUE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Change ☐ Addition
NAME **MCDONALD, KEVIN**
STREET ADDRESS **8111 NW 73 AVENUE**
CITY-ST-ZIP **TAMARAC FL 33321**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-02

CR2E037 (9/01)