

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90171 040 ****70.00

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
7980 NW 70TH CT
TAMARAC FL 33321**

Name **Jeannie Lehmbeck**

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

8009 NW 72 AVE

Tamarac FL 33321

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CLEAVER, ROB	
STREET ADDRESS	7908 NW 70 CT	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEHMBECK, JEANNIE	
STREET ADDRESS	8009 NW 72 AVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, CHRISTINE	
STREET ADDRESS	5241 NW 78 TERR	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCDONALD, KEVIN	
STREET ADDRESS	8111 NW 73 AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeannie Lehmbeck	
STREET ADDRESS	8009 NW 72 AVE	
CITY-ST-ZIP	Tamarac FL 33321	
TITLE	KEVIN VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin MacDonald	
STREET ADDRESS	8111 NW 73 AVE	
CITY-ST-ZIP	Tamarac FL 33321	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Rensch	
STREET ADDRESS	7913 NW 71 AVE	
CITY-ST-ZIP	Tamarac FL 33321	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Boos	
STREET ADDRESS	10952 NW 21st	
CITY-ST-ZIP	coral springs FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Jeannie Lehmbeck 1/16/03 954-257-0326

CR2E037 (10/02)