

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46336

1. Entity Name

SOUTH FLORIDA MAKO OWNER'S CLUB, INC.

Principal Place of Business

1500 EAST ATLANTIC BLVD.
SUITE B
POMPANO BEACH FL 33060

Mailing Address

1500 EAST ATLANTIC BLVD.
SUITE B
POMPANO BEACH FL 33060-6769

2. Principal Place of Business

3. Mailing Address

P.O. Box 5362

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

Zip

Country

33442

USA

4. FEI Number

65-0296106

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

OATES, DANIEL E.
1500 EAST ATLANTIC BLVD.
SUITE B
POMPANO BEACH FL 33060

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

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 P
NAME POVEROMO, GEORGE
STREET ADDRESS 9930 NW 59 CT
CITY-ST-ZIP PARKLAND FL ☐ Delete

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

TITLE V
NAME SIEGEL, HENRY
STREET ADDRESS 2831 NE 48 ST
CITY-ST-ZIP LIGHTHOUSE PT FL ☐ Delete

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

TITLE D
NAME MACKECHNIE, BILL
STREET ADDRESS 5350 PARK PLACE CIRCLE
CITY-ST-ZIP BOCA RATON FL ☐ Delete

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

TITLE D
NAME NITRAY, DAVID
STREET ADDRESS 150 SE 4 CT
CITY-ST-ZIP POMPANO BCH FL ☐ Delete

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

TITLE ST
NAME AUFENANGER
STREET ADDRESS 262 S MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00 954 425 0638

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE