

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90003 033 ****61.25

DOCUMENT # N46336

1. Entity Name

SOUTH FLORIDA MAKO OWNER'S CLUB, INC.

Principal Place of Business

Mailing Address

**1500 EAST ATLANTIC BLVD.
SUITE B
POMPANO BEACH FL 33060**

**PO BOX 5362
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0296106

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**AUFENANGER, JOSEPH
262 S MILITARY TRAIL
DEERFIELD BEACH FL 33442**

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

TITLE **P** ☐ Change ☒ Addition
NAME **DON BEISWELL**
STREET ADDRESS **2690 NE 11 ST**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

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

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

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

TITLE **D** ☒ Delete
NAME **NITRAY, DAVID**
STREET ADDRESS **150 SE 4 CT**
CITY-ST-ZIP **POMPANO BEACH FL**

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

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

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

TITLE ☐ Delete
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 like empowered.

SIGNATURE:

JOSEPH AUFENANGER/TR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02 (954) 425-0638
Date Daytime Phone #

CR2E037 (9/01)