

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # N47876

1. Entity Name

TARAVELLA DEBATE TEAM, INC.

Principal Place of Business

10600 RIVERSIDE DR
CORAL SPRINGS FL 33071

Mailing Address

10600 RIVERSIDE DR
CORAL SPRINGS FL 33071-7900

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

65-0227289

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRODSKY, BARBARA
1200 NW 87TH AVE
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

Joli Spoliansky

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

1722 Vestal Drive

City

Coral Springs

FL

Zip Code

33071

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]

(Signature required for printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-00

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	<input checked="" type="checkbox"/> Delete
NAME	KLOSKY, ABBIE	
STREET ADDRESS	11244 N.W. 10TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILDER, IRIS	
STREET ADDRESS	10086 VESTAL PL	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, SUSAN	
STREET ADDRESS	550 NW 80TH TERR, APT 108	
CITY-ST-ZIP	MARGATE FL 33083	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Asst.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joli Spoliansky	
STREET ADDRESS	1722 Vestal Drive	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norma Feldman	
STREET ADDRESS	11202 NW 10 Place	
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		
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-00 (954) 752-1751

Date

Daytime Phone #

CR2E037 (9/99)