

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48017

1. Entity Name

CARICOM SPORTS & SOCIAL CLUB, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90128 007 ****61.25

Principal Place of Business

Mailing Address

JACQUELINE CAMPBELL
9761 NW 33RD MANOR
SUNRISE FL 33351
US

JACQUELINE CAMPBELL
9761 NW 33RD MANOR
SUNRISE FL 33351-7007
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0297909

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

CAMPBELL, JACQUELINE
9761 N.W. 33RD MANOR
SUNRISE FL 33351

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 PD
NAME CAMPBELL, JACQUELINE
STREET ADDRESS 9761 N.W. 33RD MANOR
CITY-ST-ZIP SUNRISE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MD
NAME LYN, DEZLIN
STREET ADDRESS 5211 N.W. 26TH STREET, #2
CITY-ST-ZIP LAUDERHILL FL 33313

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME CLARKE, PHYLLIS
STREET ADDRESS 4730 N.W. 20 CT.
CITY-ST-ZIP LAUDERHILL FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)