

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51210

1. Entity Name

REUNITED CLUB OF FT. LAUDERDALE, INC.

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90147 037 ****61.25

UJ/4433

Principal Place of Business

Mailing Address

3720 N. ANDREWS AVE.
FT. LAUDERDALE FL 33334

3720 N. ANDREWS AVE.
FT. LAUDERDALE FL 33334

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
65-0364993

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

BOWMAN, SHERI
3720 N. ANDREWS AVE.
FT. LAUDERDALE FL 33334

Name James Braxton
Street Address (P.O. Box Number is Not Acceptable)
3720 N. ANDREWS AVE
City Fort Lauderdale FL Zip Code 33334

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 D ☐ Delete
NAME LEMMONS, ALLAN
STREET ADDRESS 517 NE 28TH STREET
CITY-ST-ZIP WILTON MANORS FL 33334

TITLE T.D. ☐ Change ☒ Addition
NAME James Braxton
STREET ADDRESS 330 N.E 40th Street.
CITY-ST-ZIP OAKLAND PARK, Florida. 33334

TITLE PD ☐ Delete
NAME FINLEY, JACQUELINE
STREET ADDRESS 1400 N.E. 17TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33305

TITLE TD ☒ Delete
NAME BOWMAN, SHERI
STREET ADDRESS 3341 NE 11TH AVE.
CITY-ST-ZIP WILTON MANORS FL 33334

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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:

James Braxton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

Daytime Phone #

CR2E037 (9/01)