

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90033 034 \*\*\*\*61.25

**DOCUMENT # N94000000392**

1. Entity Name

**SOUTH FLORIDA BANDITS FOOTBALL CLUB, INC.**

Principal Place of Business

Mailing Address

% MICHAEL WALLACE  
 107 SADDLE TRAIL  
 ROYAL PALM BEACH FL 33411

P.O. BOX 20246  
 WEST PALM BEACH FL 33416-0246

2. Principal Place of Business

% DIANA LIEBLA

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3186 MADDEN Rd

City & State

City & State

WEST PALM BEACH FL

4. FEI Number

65-0462229

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

WALLACE, MICHAEL  
 107 SADDLE TRAIL  
 ROYAL PALM BEACH FL 33411

Name

DIANA LIEBLA

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

3186 MADDEN Rd

City

WEST PALM BEACH

FL

Zip Code

33406

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.

Treasurer

SIGNATURE

DIANA LIEBLA

DIANA LIEBLA

4-20-02

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WALLACE, MICHAEL<br>107 SADDLE TRAIL<br>ROYAL PALM BEACH FL 33411  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>KING, MICHAEL<br>113 BARCELONA DRIVE<br>ROYAL PALM BEACH FL 33411 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>KING, DOREEN<br>113 BARCELONA DRIVE<br>ROYAL PALM BEACH FL 33411   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>LIEBLA, DIANE<br>3186 MADDEN ROAD<br>WEST PALM BEACH FL 33406      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          | <input type="checkbox"/> Delete            |

|                                                |                                                                 |                                                                              |
|------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STANLEY LIEBLA<br>3186 MADDEN Rd<br>W. PALM BEACH FL 33406 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

CR2E037 (9/01)

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.

561-965-2828

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANA LIEBLA

4-20-02

Date

Daytime Phone #