

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90722 015 ****61.25

DUI22000



DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000003935

1. Entity Name

MIAMI BEACH ROD & REEL CLUB, INC.

Principal Place of Business

Mailing Address

**208 S HIBISCUS DR
 MIAMI BEACH FL 33139**

**208 S HIBISCUS DR
 MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0358540

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

**STORMONT, RAY
 1492 W. FLAGLER ST.
 #200
 MIAMI FL 33135**

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 **DP** ☒ Delete
 NAME **ROADRUCK, STEVE**
 STREET ADDRESS **1301 VENETIAN WAY**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **DP** ☐ Change ☒ Addition
 NAME **Steven Austin**
 STREET ADDRESS **7600 S.W. 1645**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VPD** ☐ Delete
 NAME **SCHUGAR, BARRY**
 STREET ADDRESS **256 POINCIANA ISLAND DR**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33160**

TITLE **D** ☒ Change ☐ Addition
 NAME **BARRY Schugar**
 STREET ADDRESS **256 POINCIANA ISLAND DR**
 CITY-ST-ZIP **N. MIAMI BEACH 33160**

TITLE **TD** ☒ Delete
 NAME **CRISSEY, DONALD**
 STREET ADDRESS **247 MINARCA AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ Change ☐ Addition
 NAME **Donald Crissey**
 STREET ADDRESS **247 MINORCA AV**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PD** ☒ Delete
 NAME **HAUSMAN, STANLEY**
 STREET ADDRESS **1300 CLEVELAND ROAD**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **ED** ☐ Change ☒ Addition
 NAME **Suzanne Baker**
 STREET ADDRESS **P.O. Box 189**
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE **ED** ☒ Delete
 NAME **PAGAN, IRAIDA**
 STREET ADDRESS **9565 NW 33RD AVE**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Manuel Castro**
 STREET ADDRESS **15260 S.W. 152 TERR**
 CITY-ST-ZIP **MIAMI FL 33187**

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:

SIGNATURE REQUIRED

3/8/02

Date

Daytime Phone #

CR2E037 (9/01)