# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004983 (2)

1. Corporation Name
MIAMI LACROSSE CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 620 MAJORCA AVE<br>CORAL GABLES FL | 620 MAJORCA AVE<br>CORAL GABLES FL |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1994
3a. Date of Last Report:
4. FEI Number: 65-0526852 — Applied For ☐ Not Applicable ☐

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 6035 SW 116 St. | 26 6035 SW 116 ST. |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Miami, FL. | 29 City & State: Miami, FL. |
| 24 Zip: 33156 25 Country | 29 Zip: 33156 30 Country |

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SNYDER, ROBERT M<br>620 MAJORCA AVE<br>CORAL GABLES FL | 81 Name: JASON WHITAKER<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83: 6035 SW 116 St.<br>84 City: Miami FL 85 Zip Code: 33156 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 5/21/95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | D ☒ Change ☐ Addition |
| NAME | SNYDER, ROBERT M | 12 NAME | SNYDER, ROBERT M |
| STREET ADDRESS | 620 MAJORCA AVE | 13 STREET ADDRESS | 620 MAJORCA AVE |
| CITY-ST-ZIP | CORAL GABLES FL | 14 CITY-ST-ZIP | CORAL GABLES FL 33134 |
| TITLE | | 21 TITLE | D ☐ Change ☒ Addition |
| NAME | | 22 NAME | JASON WHITAKER |
| STREET ADDRESS | | 23 STREET ADDRESS | 6035 SW 116 St. |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | MIAMI FL 33156 |
| TITLE | | 31 TITLE | D ☐ Change ☒ Addition |
| NAME | | 32 NAME | JOSH LEADER |
| STREET ADDRESS | | 33 STREET ADDRESS | 9001 SW 122 PL. #914 |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | MIAMI FL 33186 |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | 300001517303 -06/20/95--01047--016 |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | ****138.75 ****138.75 |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | REMITTED BY MAY 1 |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/15/95 (305) 254-9856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041882