

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004394

1. Entity Name

BARBARA GOLEMAN "THE SIX MAN CLUB, INC."

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90040 017 \*\*\*\*61.25

Principal Place of Business	Mailing Address
14741 LEWIS ROAD MIAMI LAKES FL 33014	14741 LEWIS ROAD MIAMI LAKES FL 33014-2731



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0685612	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
RICKETTS, JAMES F 14741 LEWIS ROAD MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent
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	
TITLE	D <input type="checkbox"/> Delete
NAME	RICKETTS, JAMES F
STREET ADDRESS	14741 LEWIS ROAD
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	D <input type="checkbox"/> Delete
NAME	O'RIORDIAN, KEVIN F
STREET ADDRESS	2077 N.W. 107TH DR.
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	D <input type="checkbox"/> Delete
NAME	COBLEY, JAMIE
STREET ADDRESS	3200 PORT ROYALE DR. NORTH APT. 1804
CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN O'RIORDIAN
STREET ADDRESS	8222 WILES RD #242
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES COBLEY
STREET ADDRESS	211 S.W. 2ND ST #3
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-00 3055578636

CR2E037 (9/99)