

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-16-2002 90093 049 ****61.25

DOCUMENT # N95000005270

1. Entity Name

THE JOEL GEENSBURG THESPIAN CLUB OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

615 NW 3RD AVENUE
 HALLANDALE FL 33009

615 NW 3RD AVENUE
 HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

MILLER, ALFRED L.
6604 S.W. 95TH CT.
MIAMI FL 33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
BONAMY, CHARLES
20 ALLAN RD.
HOLLYWOOD FL 33023

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
CHOATE, ALLEN
3759 PINE TREE DRIVE
MIAMI BEACH FL 33009

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
BONDY, YVETTE
615 N.W. 3RD AVE.
HALLANDALE FL 33009

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
S
MURRAY, MONIQUE
1031 N.W. 195TH ST.
MIRAMAR FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
EDOUARD, PIERRE
8513 SOUTHAMPTON DR.
MIRAMAR FL 33025

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
WILLIAMS, AMINA F
3797 SW 41ST STREET
HOLLYWOOD FL 33023

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Theresa Fairweather
4955 S.W. 9th Street
Margate FL 33068

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
Paula Foster
6127 S.W. 39th St #B
MIRAMAR FL 33023

☐ Change ☒ Addition

CR2E037 (4/02)

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: **CHARLES BONAMY**

9/16/02 954-454-7045