

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2002 8:00 am**  
**Secretary of State**

01-18-2002 90004 032 \*\*\*\*70.00

**DOCUMENT # N96000003317**

1. Entity Name

**PALMETTO WRESTLING CLUB, INC.**

Principal Place of Business

Mailing Address

C/O THOMAS E. KRAUSE ATTORNEY  
 9700 S DIXIE HWY SUITE 550  
 MIAMI FL 33156

C/O THOMAS E. KRAUSE ATTORNEY  
 9700 S DIXIE HWY SUITE 550  
 MIAMI FL 33156

**907569**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0684278**

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

**KRAUSE, THOMAS E**  
**9700 S DIXIE HWY #550**  
**MIAMI FL 33156**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCLUSKEY, JON W</b>	
STREET ADDRESS	<b>TWO DATRAN CTR #1901, 9130 S DADELAND BLVD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PHILLIPS, GEORGE</b>	
STREET ADDRESS	<b>8335 SW 182ND TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MEGNA, JERRY</b>	
STREET ADDRESS	<b>7361 SW 116TH TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FISHER, MILTON</b>	
STREET ADDRESS	<b>4501 VENERA AVE.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROST, JOHN</b>	
STREET ADDRESS	<b>5966 PARADISE PT DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRAND, JUAN</b>	
STREET ADDRESS	<b>7361 SW 116 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** *Milton G. Fisher* **MILTON G. FISHER** 01-11-02 (305)670-1151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CRE037 (9/01)