

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90278 027 \*\*\*\*61.25

**DOCUMENT # N96000003317**

1. Entity Name  
**PALMETTO WRESTLING CLUB, INC.**



Principal Place of Business  
**C/O THOMAS E. KRAUSE ATTORNEY  
9700 S DIXIE HWY SUITE 550  
MIAMI FL 33156**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **MCLUSKEY, JON W**  
STREET ADDRESS **TWO DATRAN CTR #1901, 9130 S DADELAND BLVD**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **PHILLIPS, GEORGE**  
STREET ADDRESS **8335 SW 182ND TERRACE**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **MEGNA, JERRY**  
STREET ADDRESS **7361 SW 118TH TERR**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR DANIEL SAPIRO**  
STREET ADDRESS **15351 S.W. 87th Ct.**  
CITY-ST-ZIP **Miami FL 33157**

TITLE **D T** ☐ Delete  
NAME **FISHER, MILTON**  
STREET ADDRESS **4501 VENERA AVE**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Change ☒ Addition  
NAME **FISHER, MILTON**  
STREET ADDRESS **9449 South Old Dixie Hwy**  
CITY-ST-ZIP **Miami, FL 33156**

TITLE **D** ☒ Delete  
NAME **ROST, JOHN**  
STREET ADDRESS **5966 PARADISE PT DR**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR ALAN THAYER**  
STREET ADDRESS **10382 S.W. 144th St**  
CITY-ST-ZIP **Miami, FL 33176**

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: **MILTON G. FISHER 04-21-03 (305) 670-1151**

CR2E037 (10/02)