

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

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

SIGNATURE _____ (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 Delete
NAME **D 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 Delete
NAME **PD PHILLIPS, GEORGE**
STREET ADDRESS **8335 SW 182ND TERRACE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME ~~**D MEGNA, JERRY**~~
STREET ADDRESS ~~**7361 SW 116TH TERR**~~
CITY-ST-ZIP ~~**MIAMI FL 33156**~~

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

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

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

TITLE Delete
NAME ~~**D 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)