## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 10, 2000 8:00 am Secretary of State DOCUMENT # N96000004660 SOUTH FLORIDA GREYHOUND ASSOCIATION, INC. 04-10-2000 90178 004 \*\*\*\*61.25 Principal Place of Business Mailing Address 15665 MIAMI LAKES WY N 15665 MIAMI LAKES WY N MIAMI LAKES FL 33014 MIAMI LAKES FL 33014-2183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE \_City & State -City & State -4. FEI Number Applied For 65-0703835 Not Applicable \$8.75 Additional QiS Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HENRY, LAWRENCE 15665 MIAMI LAKES WAY N MIAMI LAKES FL 33D14 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. SIGNATUR FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees · · · PDepartment of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITI F Delete IIT) F ☐ Change NAME HENRY, LARRY NAME STREET ADDRESS STREET ADDRESS . 15665 MIAMI LAKES WY N, #307A CITY-ST-ZIP CITY-ST-ZIP MAIMI LAKES FL 33014 Change Addition TITLE Delete TITLE Pres: HABER TERRY NAME NAME STREET ADDRESS STREET ADDRESS 12421 SW 19 ST CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL BILE ST Grelet [ TITLE GETEH, GREG MARKE NAME STREET ADDRESS STREET ADDRESS 10420 BUTTONWOOD AVE CITY-ST-ZIP CUTY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Change Addition TITLE Delete TITLE 40000 FYNMORE, MICHAEL NAME NAME STREET ADORESS STREET ADDRESS 7210 W 4TH AVE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 🌇 🗀 Délete Change Addition, NAME TRUDDEN, JOE NAME STREET ADDRESS STREET ADDRESS 5559 NW 2ND ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 Addition TITLE ☐ Delete TIFLE ☐ Change BLACK, CLAYTON NAME NAME STREET ADDRESS 7218 W. 4TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33027 12. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.