

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004660

1. Entity Name

SOUTH FLORIDA GREYHOUND ASSOCIATION, INC.

Principal Place of Business

12421 S.W. 18TH STREET
MIRAMAR FL 33027

Mailing Address

12421 S.W. 18TH STREET
MIRAMAR FL 33027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0703835

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

HABER, TERY
12421 SW 18 STREET
HOLLYWOOD FL 33027

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 PD
NAME HABER, TERRY
STREET ADDRESS 12421 SW 19 ST
CITY-ST-ZIP HOLLYWOOD FL 33027

☒ Delete

TITLE PD
NAME JOSEPH TRUDDEN
STREET ADDRESS 5550 NW 2ND ST
CITY-ST-ZIP MIAMI FL 33126

☒ Change

☐ Addition

TITLE VPD
NAME MORRISSEY, MIKE
STREET ADDRESS 7218 W. 4 AVE.
CITY-ST-ZIP HIALEAH FL 33014

☒ Delete

TITLE
NAME CLAYTON BLACK
STREET ADDRESS 9310 E. 11th Lane
CITY-ST-ZIP Miami Florida 33025

☒ Change

☐ Addition

TITLE SD
NAME GETER, GREG
STREET ADDRESS 7218 W. 4 AVE.
CITY-ST-ZIP HIALEAH FL 33014

☒ Delete

TITLE SD
NAME RADER, NORMAN
STREET ADDRESS 400 LESLIE DR #608
CITY-ST-ZIP HAWAIIAN ISLANDS, HI. 33009

☒ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 I am empowered.

SIGNATURE:

SIGNATURE REQUIRED JOSEPH TRUDDEN

TRUDDEN

305-458-7476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE