

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91503 004 ****61.25

0076687

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HABER, TERY
12421 SW 18 STREET
HOLLYWOOD FL 33027**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TRUDDEN, JOSEPH	
STREET ADDRESS	5550 NW 2ND ST	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BLACK, CLAYTON	
STREET ADDRESS	9310 E. ELM LANE	
CITY-ST-ZIP	MISAMSE FL 33025	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RADER, NORMAN	
STREET ADDRESS	400 LESLIE DR. #608	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Haber	
STREET ADDRESS	12421 SW 18th st	
CITY-ST-ZIP	Miramar FL 33027	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Black, clayton	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Haber	
STREET ADDRESS	12421 SW 18th st	
CITY-ST-ZIP	Miramar FL 33027	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Trudden	
STREET ADDRESS	7218 W 4th AV.	
CITY-ST-ZIP	Hallandale FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

4/24/03

954 438-6170

CR2E037 (10/02)