

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005402

1. Entity Name
SAINTS NETBALL AND CULTURAL CLUB, INC.

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90018 015 ****61.25

Principal Place of Business Mailing Address
3670 NW 27TH STREET 3670 NW 27TH STREET
LAUDERDALE LAKES FL 33311 LAUDERDALE LAKES FL 33311-1811

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0710733 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OMPHROY, MARLENE
3670 NW 27TH STREET
LAUDERDALE LAKES FL 33311

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.

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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OMPHROY, MARLENE		NAME		
STREET ADDRESS	3670 NW 27TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCINTOSH, PAULINE		NAME		
STREET ADDRESS	9560 GLACIA ST		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33025		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNBAR, ALICIA		NAME		
STREET ADDRESS	2123 CHAMPION WAY		STREET ADDRESS		
CITY-ST-ZIP	N LAUDERDALE FL 33068		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, JUDITH		NAME		
STREET ADDRESS	9037 NW 25TH CT		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAWKINS, LISA		NAME		
STREET ADDRESS	4500 NW 36TH ST, 202		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROGERS, HAZELLE		NAME		
STREET ADDRESS	2769 NW 36TH AVE		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311		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]* 4/23/00 954-881-7016