

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005402

1. Entity Name

SAINTS NETBALL AND CULTURAL CLUB, INC.

Principal Place of Business

3670 NW 27TH STREET  
LAUDERDALE LAKES FL 33311

Mailing Address

3670 NW 27TH STREET  
LAUDERDALE LAKES FL 33311

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

TITLE D ☐ Delete  
NAME OMPHROY, MARLENE  
STREET ADDRESS 3670 NW 27TH STREET  
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

TITLE D ☐ Delete  
NAME MCINTOSH, PAULINE  
STREET ADDRESS 9560 GLACIA ST  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE D ☐ Delete  
NAME DUNBAR, ALICIA  
STREET ADDRESS 2123 CHAMPION WAY  
CITY-ST-ZIP N LAUDERDALE FL 33068

TITLE D ☐ Delete  
NAME HALL, JUDITH  
STREET ADDRESS 9037 NW 25TH CT  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ Delete  
NAME DAWKINS, LISA  
STREET ADDRESS 4500 NW 36TH ST, 202  
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE D ☐ Delete  
NAME ROGERS, HAZELLE  
STREET ADDRESS 2769 NW 36TH AVE  
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90017 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)