

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001016

1. Entity Name

LADIES BILLIARD ASSOCIATION OF FLORIDA, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90012 033 ****61.25

Principal Place of Business

2496 S CONWAY ROAD. #189
ORLANDO FL 32812

Mailing Address

2496 S CONWAY ROAD. #189
ORLANDO FL 32812

2. Principal Place of Business

6169 RALEIGH STREET

3. Mailing Address

6169 RALEIGH ST

Suite, Apt. #, etc.

#1607

Suite, Apt. #, etc.

#1607

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32835

Country

ORANGE

Zip

32835

Country

ORANGE

4. FEI Number

59-3428627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUIZ, CHARO BOLAND
500 S.E. 6TH STREET
SUITE 100
FORT LAUDERDALE FL 33301

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

Marcy Horowitz

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 RODRIGUEZ, ELIZABETH
STREET ADDRESS 2496 S CONWAY ROAD, #189
CITY-ST-ZIP ORLANDO FL 32812

TITLE D ☐ Delete
NAME HOROWITZ, MARCY L
STREET ADDRESS 11001 N.W. 18TH PLACE
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE D ☐ Delete
NAME SEARING, DENNIS
STREET ADDRESS 4153 S.W. 47TH AVENUE
CITY-ST-ZIP DAVIE FL 33314

TITLE D ☐ Delete
NAME HOROWITZ, MARCY
STREET ADDRESS 2496 S CONWAY ROAD, #189
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Marcy Horowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01 407-496-7488

Date

Daytime Phone #

CR2E037 (10/00)