

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001099

1. Entity Name

WINNERS FEDERATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90183 045 ****61.25

Principal Place of Business
3773 SW 41ST STREET
HOLLYWOOD FL 33023

Mailing Address
1930 TYLER STREET
HOLLYWOOD FL 33020-4517



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3773 SW 41st Street
Suite, Apt. #, etc.

3. Mailing Address
3773 SW 41st Street
Suite, Apt. #, etc.

City & State
Hollywood, FL

City & State
Hollywood, FL

33023 Country USA Zip 33023 Country USA

4. FEI Number
65-0732074

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HUNTER, DICK E.T.
1930 TYLER STREET
HOLLYWOOD FL 33020

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	CBOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STALL, ALBERT M		NAME		
STREET ADDRESS	701 METAIRIE RD STE 2A-201		STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA 70005		CITY-ST-ZIP		
TITLE	PBOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAMBLIN, R A		NAME		
STREET ADDRESS	2343 ALEXANDRIA DR STE 200		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY 40504-3276		CITY-ST-ZIP		
TITLE	CEBD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEE, DENNIS P		NAME		
STREET ADDRESS	12165 W CENTER RD STE 52		STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68144		CITY-ST-ZIP		
TITLE	1VBD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KHOURY, ARTHUR M		NAME		
STREET ADDRESS	335 COMMON ST		STREET ADDRESS		
CITY-ST-ZIP	LAWRENCE MA 01840		CITY-ST-ZIP		
TITLE	2VBD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOBLOCK, MICHAEL J JR		NAME		
STREET ADDRESS	1 WATERLIET AVE EXTENSION STE 2		STREET ADDRESS		
CITY-ST-ZIP	ALBANY NY 12206-1667		CITY-ST-ZIP		
TITLE	TBOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOOK, IRVING S		NAME		
STREET ADDRESS	3515 S TAMARAC STE 300		STREET ADDRESS		
CITY-ST-ZIP	DENVER CO 80237		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 persons empowered.

SIGNATURE: R. Anthony Chamblin R. ANTHONY CHAMBLIN 1-25-00 606-224-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)