

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90663 043 \*\*\*\*61.25

**DOCUMENT # N97000001099**

1. Entity Name

**WINNERS FEDERATION, INC.**

Principal Place of Business

Mailing Address

3773 SW 41ST STREET  
HOLLYWOOD FL 330231830 TYLER STREET  
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0732074

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNTER, DICK E.T.  
1830 TYLER STREET  
HOLLYWOOD FL 33020

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

TBD  
 NAME ALEXANDER, CECIL L ☐ Delete  
 STREET ADDRESS 83 DUCLAIR COURT  
 CITY-ST-ZIP LITTLE ROCK AR 72223

PBOD  
 NAME CHAMBLIN, R A ☒ Delete  
 STREET ADDRESS 2343 ALEXANDRIA DR STE 200  
 CITY-ST-ZIP LEXINGTON KY 40504-3276

CBOD  
 NAME LEE, DENNIS P ☒ Delete  
 STREET ADDRESS 12165 W CENTER RD STE 52  
 CITY-ST-ZIP OMAHA NE 68144

CEED  
 NAME KHOURY, ARTHUR M ☐ Delete  
 STREET ADDRESS 335 COMMON ST  
 CITY-ST-ZIP LAWRENCE MA 01840

IVBD  
 NAME HOOK, IRVING S ☒ Delete  
 STREET ADDRESS 3515 S TAMARAC STE 300  
 CITY-ST-ZIP DENVER CO 80237

☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

PRESIDENT  
 NAME LONNY T. POWELL ☐ Change ☒ Addition  
 STREET ADDRESS 2343 ALEXANDRIA DRIVE, SUITE 200  
 CITY-ST-ZIP LEXINGTON, KY 40504

WINNERS CHAIR  
 NAME WILLIAM JACKSON ☐ Change ☒ Addition  
 STREET ADDRESS 1747 WEST 85TH STREET  
 CITY-ST-ZIP CHICAGO, IL 60620

ANETTE BACOLA 2ND VP ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 37650 PROFESSIONAL CENTER DRIVE, STE 105A  
 CITY-ST-ZIP HINDEN, MI 48154-1100

1ST VP  
 NAME BASIL PLASTERAS ☐ Change ☐ Addition  
 STREET ADDRESS 10 MEADOW LANE  
 CITY-ST-ZIP WEST LONG BEACH, NJ 07764

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

☐ 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* RECORDED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-02

Date

859/224-7070

Daytime Phone #

CR2E037 (9/01)