

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # N97000005515

1. Entity Name

INTERNATIONAL AUTOGRAPH DEALERS ALLIANCE & CLUB,

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90036 020 \*\*\*\*61.25

Principal Place of Business  
4575 SHERIDAN ST  
SUITE #111  
HOLLYWOOD FL 33021

Mailing Address  
4575 SHERIDAN ST  
SUITE #111  
HOLLYWOOD FL 33021-3515

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

DO NOT WRITE IN THIS SPACE

#65-084-3557

4. FEI Number

APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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 PD  
NAME FROST, MICHAEL  
STREET ADDRESS 4575 SHERIDAN ST., SUITE #111  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE VD  
NAME KOSCHAL, STEPHEN  
STREET ADDRESS 170 ORANGE DRIVE  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE SD  
NAME KEYES, LYNNE  
STREET ADDRESS 170 ORANGE DRIVE  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS P.O. Box 848486  
CITY-ST-ZIP Hollywood, FL 33084

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2000

954/963-5234  
Daytime Phone #

FEI - 65-084-3557