

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90018 034 *****61.25

DOCUMENT # N98000003881

1. Entity Name

AMERICAN SOCIAL CLUB, INC.

Principal Place of Business

**1431 S. PONERLINE RD.
POMPANO BEACH FL 33069**

Mailing Address

**1431 S. PONERLINE RD.
BUILDING 19, APARTMENT 102
POMPANO BEACH FL 33069**

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

65-0848350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONTI, JOSEPH
8060 FAIRVIEW DRIVE
BUILDING 19, APARTMENT 102
TAMARAC FL 33321**

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 **CONTI, JOSEPH**
STREET ADDRESS **8060 FAIRVIEW DR. BLD. 19 #102**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** ☐ Delete
NAME **CONNOLLY, DENNIS**
STREET ADDRESS **6250 NW 89TH AVE.**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** ☐ Delete
NAME **PEPE, CARMINE**
STREET ADDRESS **9004 VILLA PORTFIND CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 30496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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: **DENNIS R. CONNOLLY** 1/08/02 954-977-8105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)