

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90012 002 \*\*\*\*61.25

**DOCUMENT # N98000003881**

1. Entity Name

**AMERICAN SOCIAL CLUB, INC.**



Principal Place of Business  
1431 S. POKERLINE RD.  
POMPANO BEACH FL 33069

Mailing Address  
1431 S. POKERLINE RD.  
BUILDING 19, APARTMENT 102  
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0848350**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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 **DENNIS R. CONNOLLY**  
Street Address (P.O. Box Number is Not Acceptable)  
**6250 NW 89TH AVE.**  
City **TAMARAC** FL Zip Code **33321**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dennis R. Connolly **DENNIS R. CONNOLLY SEC-TREAS. 1/07/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CONTI, JOSEPH</b>	
STREET ADDRESS	<b>8060 FAIRVIEW DR. BLD. 19 #102</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CONNOLLY, DENNIS</b>	
STREET ADDRESS	<b>6250 NW 89TH AVE.</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PEPE, CARMINE</b>	
STREET ADDRESS	<b>9004 VILLA PORTOFINO CIRCLE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 30498</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SECRETARY-TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENNIS R. CONNOLLY</b>	
STREET ADDRESS	<b>6250 NW 89TH AVE</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	
TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARMINE PEPE</b>	
STREET ADDRESS	<b>9004 VILLA PORTOFINO CIRCLE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 30498</b>	
TITLE	<b>VICE-PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARD RIZZO</b>	
STREET ADDRESS	<b>23099 BARNWOOD LANE NORTH APT 101 #3</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Dennis R. Connolly **DENNIS R. CONNOLLY** **1/7/03** **954 927 8105**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)