

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004636

1. Entity Name

SOUTH FLORIDA TALLIGATORS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90017 037 ****70.00

Principal Place of Business 15220 S.W. 81 LANE MIAMI FL 33193	Mailing Address 15220 S.W. 81 LANE MIAMI FL 33193-1355 P.O. BOX 11382 FT. LAUDERDALE, FL. 33339
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOWEN, THEODORE J JR 15220 S.W. 81 LANE MIAMI FL 33193	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHIPLEY, CHARLES L III 5381 N.W. 41 WAY COCONUT CREEK FL 33073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NIELSEN, KRISTEN 17364 BOCA CLUB BLVD - #508 BOCA RATON, FL. 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP AMWAY, JO-ANN 155 ISLE OF VENICE, STE. 402 FT. LAUDERDALE FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JO-ANN AMWAY 155 ISLE OF VENICE, STE. 402 FT. LAUDERDALE FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FOLINO, NORINE 8805 N.W. 35 ST. CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JUDY SNEARY 367 S. FEDERAL HWY - # 324 C DEERFIELD BEACH, FL. 33441 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NIELSEN, KRISTEN 17364 BOCA CLUB BLVD., #508 BOCA RATON FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REDLER, JOY 4224 PALM BAY CIRCLE WEST PALM BEACH FL 33406 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FOLINO, NORINE 6130 N.W. 33 TERRACE FT. LAUDERDALE, FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RODRIGUEZ, MARY 2841 N. OCEAN BLVD., #1208 FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>MARY O. RODRIGUEZ</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/10/00	954-565-9577
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CR2E037 (9/99)