

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

0036010

DOCUMENT # N98000005781

1. Entity Name

CORAL SPRINGS WRESTLING BOOSTER CLUB INC.

02-27-2001 90301 027 *****70.00

Principal Place of Business

7775 HIGHLANDS CIRCLE
MARGATE FL 33063

Mailing Address

7775 HIGHLANDS CIRCLE
MARGATE FL 33063

2. Principal Place of Business

2357 NW 92nd Ave.

3. Mailing Address

2357 NW 92nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

4. FEI Number

65-0866057

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, THOMAS W II
7775 HIGHLANDS CIRCLE
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

Vickie Walker

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

2357 NW 92nd Ave.

City

Coral Springs

FL

Zip Code

33065

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 **Vickie Walker**, **Vickie Walker Director** **2-19-01**

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	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, THOMAS W	
STREET ADDRESS	7775 HIGHLANDS CIR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PENDERGAST, KIM	
STREET ADDRESS	8002 NW 37TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTELO, JULIE	
STREET ADDRESS	3290 W BUENA VISTA DRIVE	
CITY-ST-ZIP	MARGATE FL 33063	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walker, Vickie	
STREET ADDRESS	2357 NW 92nd Ave.	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crisp, Joe	
STREET ADDRESS	6711 NW 23rd St	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Snow	
STREET ADDRESS	5183 NW 66th Lane	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walker, Larry	
STREET ADDRESS	2357 NW 92nd Ave.	
CITY-ST-ZIP	Coral Springs, FL 33065	
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: **Vickie Walker** **2-19-01** **954-831-5484**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)