

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000005781**

**1. Entity Name**  
**CORAL SPRINGS WRESTLING BOOSTER CLUB INC.**



**Principal Place of Business**  
**2548 N.W. 91ST AVE.**  
**CORAL SPRINGS, FL 33065 US**

**Mailing Address**  
**2548 N.W. 91ST AVE.**  
**CORAL SPRINGS, FL 33065 US**



01062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**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**

**SACHAROW, JILL**  
**2548 N.W. 91ST AVE.**  
**CORAL SPRINGS, FL 33065**

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IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** D  
**NAME** PICKHOLTZ, PEG  
**STREET ADDRESS** 3553 ORCHID DRIVE  
**CITY-ST-ZIP** CORAL SPRINGS, FL 33065

**TITLE** D  
**NAME** SACHAROW, MARK  
**STREET ADDRESS** 2548 N.W. 91ST AVE.  
**CITY-ST-ZIP** CORAL SPRINGS, FL 33065

**TITLE** D  
**NAME** SACHAROW, JILL  
**STREET ADDRESS** 2548 N.W. 91 ST. AVE.  
**CITY-ST-ZIP** CORAL SPRINGS, FL 33065

**TITLE** D  
**NAME** JAMES, PATTY  
**STREET ADDRESS** 7805 N.W. 39TH ST.  
**CITY-ST-ZIP** CORAL SPRINGS, FL 33065

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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01/13/04-80045-021 70.00

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**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:** Jill Sacharow **JILL SACHAROW** **1-6-04** **954-345-8099**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #