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

FILED
Jul 11, 2003 8:00 am
Secretary of State
06-27-2003 90051 017 ****70.00

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DOCUMENT # N98000005781

1. Entity Name
CORAL SPRINGS WRESTLING BOOSTER CLUB INC.

XX CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
2357 NW 92ND AVENUE CORAL SPRINGS FL 33065 US	2357 NW 92ND AVENUE CORAL SPRINGS FL 33065 US

2. Principal Place of Business	3. Mailing Address
2548 NW 91st Ave	2548 NW 91st 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 XX $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, VICKIE
2357 NW 92ND AVENUE
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name: Jill Sacharow
Street Address (P.O. Box Number Is Not Acceptable): 2548 NW 91st 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jill Sacharow Jill Sacharow, Treasurer 6/24/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, VICKIE 2357 NW 92ND AVENUE CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Peg Pickholtz 3553 Orchid Drive Coral Springs, FL 33065
				XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRISP, JOE 6711 NW 23RD STREET MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mark Sacharow 2548 NW 91st Ave Coral Springs, FL 33065
				XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNOW, MICHAEL 5183 NW 68TH LANE CORAL SPRINGS FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jill Sacharow 2548 NW 91st AVe Coral Springs, FL 33065
				XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, LARRY 2357 NW 92ND AVENUE CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Patty James 7805 NW 39th St Coral Springs, FL 33065
				XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Jill Sacharow, Treasurer 6/24/03 954-614-3303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #