## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # N98000007113 Sep 12, 2000 8:00 am Secretary of State HALLANDALE ATHLETIC CLUB CORPORATION 03-29-2000 90082 035 \*\*\*\*61.25 Principal Place of Business Mailing Address 302 NORTH WEST 3RD AVENUE 302 NORTH WEST 3RD AVENUE HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business STREE+ 3. Mailing Address Willie Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State All ANDA E 4. FEI Number Applied For 65-0834746 Not Applicable Country Country \$8.75 Additional BROWARD 5. Certificate of Status Desired 009 BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENDA OESTRICHER, SANDRA 302 NORTH WEST 3RD AVENUE HALLANDALE FL 33009 <sup>zi</sup>33°00<u>9</u> 8. The above named englity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITLE Delete NW 3 P BROWN, JOSH JR NAME NAME STREET ADDRESS **657 NW 5TH CT** STREET ADDRESS *3*3009 CITY-ST-ZIP CITY-ST-ZIP Hallandale Ma HALLANDALE FL 33009 Addition 🖬 Delete Change TITLE TITLE 5 ANDRA CURRY, CATHY NAME NAME DRIVE STREET ADDRESS 823 NE 5TH ST #8 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 SD Change TITLE Delete TITLE Addition SAMUEL, LINDA NAME JUDU NAME N.W. 1519 S 25TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP HOLLYWOOD FL 33020 Delete TITLE TITLE Change Change Addition **OESTRICHER, SANDRA** NAME NAME STREET ADDRESS 302 NW 3RD AVE STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attach

REQUIRED

SIGNATURE: 4