

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001647

1. Entity Name

DEFENSIVE SHOOTERS FELLOWSHIP OF WEST BROWARD, I

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90007 026 ****61.25

Principal Place of Business

7009 NORTHWEST 73RD AVENUE
TAMARAC FL 33321

Mailing Address

7009 NORTHWEST 73RD AVENUE
TAMARAC FL 33321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0905811

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PRAVDA, LEN ☒ Delete
STREET ADDRESS 7009 NORTHWEST 73RD AVENUE
CITY-ST-ZIP TAMARAC FL 33321

TITLE PD ☒ Change ☐ Addition
NAME SPARKS, EDWARD W
STREET ADDRESS 7009 NORTHWEST 73RD AVE
CITY-ST-ZIP TAMARAC FL 33321

TITLE VD ☒ Delete
NAME FLEISCHMAN, NORMAN
STREET ADDRESS 7009 NORTHWEST 73RD AVENUE
CITY-ST-ZIP TAMARAC FL 33321

TITLE VD ☒ Change ☐ Addition
NAME CHARLES KASPRZAK
STREET ADDRESS 3473 PALLIDIAN CIRCLE
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE STD ☒ Delete
NAME SPARKS, EDWARD W
STREET ADDRESS 7009 NORTHWEST 73RD AVENUE
CITY-ST-ZIP TAMARAC FL 33321

TITLE STD ☒ Change ☐ Addition
NAME WILLIAM GROLL
STREET ADDRESS 8855 SW 1ST PLACE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME ED EDLUND
STREET ADDRESS 1720 SW 95 TERRACE
CITY-ST-ZIP MIRAMAR FL 33025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME JOEL MANDEL
STREET ADDRESS 6363 AMBERWOODS DRIVE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

William Groll WILLIAM GROLL 8/1/00 954 345-8382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)