

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N99000001647

1. Entity Name
DEFENSIVE SHOOTERS FELLOWSHIP OF WEST BROWARD, I

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: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **65-0905811**

Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PRAVDA, LEN	
STREET ADDRESS	7009 NORTHWEST 73RD AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FLEISCHMAN, NORMAN	
STREET ADDRESS	7009 NORTHWEST 73RD AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SPARKS, EDWARD W	
STREET ADDRESS	7009 NORTHWEST 73RD AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKS, EDWARD W	
STREET ADDRESS	7009 NORTHWEST 73RD AVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES KASPRZAK	
STREET ADDRESS	3473 PALLIDIAN CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM GROLL	
STREET ADDRESS	8855 SW 1ST PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ED EDLUND	
STREET ADDRESS	1720 SW 95 TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEL MANDEL	
STREET ADDRESS	6363 AMBERWOODS DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
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: *William Groll* **WILLIAM GROLL** 8/1/00 345-8382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)