

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90197 015 \*\*\*\*61.25

**DOCUMENT # N99000001647**

1. Entity Name

**DEFENSIVE SHOOTERS FELLOWSHIP OF WEST BROWARD, I**

Principal Place of Business

Mailing Address

**7009 NORTHWEST 73RD AVENUE  
 TAMARAC FL 33321**

**7009 NORTHWEST 73RD AVENUE  
 TAMARAC FL 33321**

**00012687**



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

*William Groll Sec'y/Treas* *William Groll*

*1/22/01*

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD KASPRZAK, CHARLES**  
 STREET ADDRESS **3473 PAILIDIAN CIRCLE**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **STD GROLL, WILLIAM**  
 STREET ADDRESS **8855 SW 1ST PLACE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D EDLUND, ED**  
 STREET ADDRESS **1720 SW 95TH TERRACE**  
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MANDEL, JOEL**  
 STREET ADDRESS **6363 AMBERWOODS DRIVE**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  Change  Addition  
 NAME **JACK SPEAR**  
 STREET ADDRESS **7508 SW 5TH STREET**  
 CITY-ST-ZIP **NORTH LAUDERDALE, FL 33068**

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 SEC'y/TREAS** *1/22/01* *954-345-8382*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)