

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90073 043 ****61.25

DOCUMENT # N99000001647

1. Entity Name

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

Principal Place of Business

Mailing Address

7009 NORTHWEST 73RD AVENUE
 TAMARAC FL 33321

7009 NORTHWEST 73RD AVENUE
 TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CORAL SPRINGS, FL

4. FEI Number **65-0905811**

Applied For
 Not Applicable

Zip

Country

Zip
33071

Country

USA

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

DO NOT WRITE IN THIS SPACE



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 **WILLIAM GROLL**
 Street Address (P.O. Box Number is Not Acceptable)
8855 SW 1ST PLACE
 City **CORAL SPRINGS FL** Zip Code **33071**

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*

DEPT
 FOI
 AC

3/28/02

Signature, typed or printed name of registered agent and fee 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	PD	<input type="checkbox"/> Delete
NAME	SPARKS, EDWARD W	
STREET ADDRESS	7009 NORTHWEST 73RD AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KASPRZAK, CHARLES	
STREET ADDRESS	3473 PAILIDIAN CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GROLL, WILLIAM	
STREET ADDRESS	8855 SW 1ST PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDLUND, ED	
STREET ADDRESS	1720 SW 95TH TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPEAR, JACK	
STREET ADDRESS	7508 SW ED ST	
CITY-ST-ZIP	POMPANO BEACH FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK SPEAR	
STREET ADDRESS	3660 NW 119 AVE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED SPARKS	
STREET ADDRESS	7009 NW 73 AVE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	ADIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK SLOWINSKI	
STREET ADDRESS	2800 N. PALMAIRE DR #409	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
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*

3/28/02

954-345-8382

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

0130907

CR2E037 (9/01)