

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003059

1. Entity Name

PINES POLICE ATHLETIC CLUB INC.



FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90063 007 ****61.25

Principal Place of Business

9500 PINES BLVD.
PEMBROKE PINES FL 33025

Mailing Address

9500 PINES BLVD.
PEMBROKE PINES FL 33025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0924817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYAN, JAMES
10211 PINES BLVD.
SUITE 119
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name

MICHAEL L. GRANT

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

10211 PINES BLVD SUITE 119

City

PEMBROKE PINES

FL

Zip Code

33026

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]

MICHAEL L. GRANT

9-1-00

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

TITLE NAME ☐ Delete

BURT CHIRINO
10211 Pines Blvd #119
Pembroke Pines FL

TITLE NAME ☐ Delete

JOHN SAMMARCO
10211 Pines Blvd #119
Pembroke Pines FL

TITLE NAME ☐ Delete

PAM DUTTON
10211 Pines Blvd #119
Pembroke Pines FL

TITLE NAME ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. GRANT

9-1-00

954 4356562

Date

Daytime Phone #

CR2E037 (5/00)