

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004790

1. Entity Name

THE FLORIDA RANGERS SUPPORTERS CLUB, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90005 002 ****61.25

Principal Place of Business

865 WATERVIEW DRIVE
WESTON FL 33326

Mailing Address

865 WATERVIEW DRIVE
WESTON FL 33326-3350

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

650941655

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MACRAE, LACHLAN
865 WATERVIEW DRIVE
WESTON FL 33326

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

David Robertson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-00

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

TITLE	DIR DIRECTOR	<input type="checkbox"/> Delete
NAME	MACRAE, LACHLAN	
STREET ADDRESS	865 WATERVIEW DRIVE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, ALISTAIR	
STREET ADDRESS	1304 S TERRACE N.W.	
CITY-ST-ZIP	LARGO FL 34640	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBERTSON, DAVID	
STREET ADDRESS	6740 BULL RUN RD, APT H154	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUCHANAN, PETER	
STREET ADDRESS	611 N.W. 85TH TERRACE	
CITY-ST-ZIP	PLANTATION FL 33322-5542	
TITLE	VP VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	BRUCE, GAVIN	
STREET ADDRESS	869 NW 97TH AVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	POTTER, ROBERT	
STREET ADDRESS	3000 NW 120TH WAY	
CITY-ST-ZIP	SUNRISE FL 33322	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER HULL	
STREET ADDRESS	2149 SW 45TH STREET	
CITY-ST-ZIP	NAPLES, FLORIDA 33999	
TITLE	VP PRESIDENT VICE PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVIN BRUCE	
STREET ADDRESS	869 NW 97TH AVE	
CITY-ST-ZIP	PLANTATION, FLORIDA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	LACHLAN MACRAE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	865 WATERVIEW DR	
STREET ADDRESS	WESTON, FLORIDA	
CITY-ST-ZIP	33326	
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:

David Robertson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)