

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 8:00 am**
Secretary of State

04-28-2001 90036 034 ****61.25

DOCUMENT # N99000005126

1. Entity Name

HOLLYWOOD CHALLENGERS SPORTS & ARTS CLUB, INC.

Principal Place of Business

Mailing Address

**14930 FEATHERSTONE WAY
DAVIE FL 33331****14930 FEATHERSTONE WAY
DAVIE FL 33331**

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

65-0945892

Applied For

Not Applicable

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 _____

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 **P** ☐ Delete
NAME **JOHN, PHILIP**
STREET ADDRESS **14930 FEATHERSTONE WAY**
CITY-ST-ZIP **DAVIE FL 33331**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **GUSEPH, JOSE P**
STREET ADDRESS **14930 FEATHERSTONE WAY**
CITY-ST-ZIP **DAVIE FL 33331**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **VEMPALA, MATHAI**
STREET ADDRESS **14930 FEATHERSTONE WAY**
CITY-ST-ZIP **DAVIE FL 33331**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ABRAHAM, CHERIAN**
STREET ADDRESS **14930 FEATHERSTONE WAY**
CITY-ST-ZIP **DAVIE FL 33331**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **AUGUSTY, JOSEPH**
STREET ADDRESS **14930 FEATHERSTONE WAY**
CITY-ST-ZIP **DAVIE FL 33331**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **KURIAN, BABU**
STREET ADDRESS **14930 FEATHERSTONE WAY**
CITY-ST-ZIP **DAVIE FL 33331**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-01

Date

(954) 680-9816

Daytime Phone #

CR2E037 (10/00)