

N990000005256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WESTON WARRIOR LACROSSE CLUB, INC.
(Name of corporation)

DOCUMENT NUMBER: N99000005256

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNA WEISBERG

(Name of contact person)

WESTON WARRIOR LACROSSE CLUB, INC.

(Firm/Company)

318 INDIAN TRACE PNB-600

(Address)

WESTON FL 33326-2996

(City/state and zip code)

For further information concerning this matter, please call:

JENNA WEISBERG

(Name of contact person)

at (954) 349-4459

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WESTON WARRIOR LACROSSE CLUB, INC.
2. The principal office address: 440 LAKEVIEW DR. #101
WESTON, FL 33326
3. The mailing address (if different): 318 INDIAN TANCE AHB-600
WESTON, FL 33326-2996
4. Date of incorporation/qualification: SEPT. 9, 1999 Document number: N99000005256
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

GERARD FERRI
829 MARINA DRIVE
WESTON, FL 33327-2125

6. The name and street address of the new registered agent (if changed) and/or registered office
(if changed):

RICHARD BARBA
440 LAKEVIEW DR. #101
(P.O. Box NOT acceptable)
WESTON, FL 33326

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Paul Zacharski
(Signature of an officer or director)

PAUL ZACHARSKI, SECRETARY
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

Richard Barba
(Signature of Registered Agent)

7/27/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314