## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:M

## FILED DÓCUMENT # **N99000007333** Jul 17, 2000 8:00 am Secretary of State 1. Entity Name S/SGT. JOHN J. REDDY GOLD COAST CHAPTER 133 DISA 07-17-2000 90075 045 \*\*\*\*61.25 Principal Place of Business Mailing Address 921 LYONS #3101 921 LYONS #3101 COCONUT CREEK FL 33063 COCONUT CREEK FL 33063 2. Principal Place of Business 3. Mailing Address 901 Lyons Rd Boca Raton F1 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1105 Applied For City & State 4. SELNumber City & State Not Applicable Coconut Creek \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33063 OPalm Beach 33063 Palm\_Beach 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Michael Addesso Street Address (P.O. Box Number is Not Acceptable) ADDESSO, MIKE 901 Lyons Rd #1105 .921 LYONS #3101 **COCONUT CREEK FL 33063** City Zip Code 3063 Coconut Creek 8. The above pamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change TITLE ☐ Delete TITLE ☐ Addition Addesso, Mike ADDESSO, MIKE NAME NAME 901 Lyons Rd #1105 STREET ADDRESS 92T LYONS #3101 STREET ADDRESS Coconut Creek F1.33063 CITY-ST-ZIP CiTY-ST-ZIP **COCONUT CREEK FL 33063** TITLE ☐ Delete TITLE ☐ Change WHITE, RAY Same NAME NAME STREET ADDRESS 667 NORMANDY N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BCH FL 33484** Change Addition TIŤLE Delete TITLE DELETE NO LONGER WITH STUMBERGER, PETER NAME NAME ORGANIZATION STREET ADDRESS STREET ADDRESS 11390-ISLAND LAKES-LANE C/TY-ST-7IP CITY-ST-7IP BOCA RATON-FL\* ☐ Delete ☐ Change ☐ Addition TITLE TITL F SAME DAREFF. HERB NAME NAME STREET ADDRESS STREET ADDRESS 8223 WHISPERING PALM DR. CITY-ST-ZIP CITY-ST-ZIE **BOCA RATON FL 33496** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on the receiver or trustee approximate to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the proposed of the corporation of the corporation

2000-2001June

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-956-8423

Daytime Phone #