

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055694

1. Entity Name

THE NINETEENTH HOLER'S INVESTMENT CLUB, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90008 045 ***150.00

Principal Place of Business

Mailing Address

2303 N.E. 35TH DRIVE
FORT LAUDERDALE FL 33308

2303 N.E. 35TH DRIVE
FORT LAUDERDALE FL 33308-6256

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

65-0927749

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

DODDO, DARNELL
9899 N.W. 39TH ST.
HOLLYWOOD FL 33024

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BOSSO, ELIZABETH	
STREET ADDRESS	7441 NW 6TH COURT	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	DODDO, DARNELL	
STREET ADDRESS	9899 NW 39TH ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTLEY, SHERYL	
STREET ADDRESS	4018 N. OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, DOROTHY	
STREET ADDRESS	5920 BANYAN TERRACE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORCERINI, MONICA	
STREET ADDRESS	9331 SEA TURTLE MANOR	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIZZI, KRIS	
STREET ADDRESS	514 SOLAR ISLE DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANA L Roby	
STREET ADDRESS	9267 Chelsea Dr N	
CITY-ST-ZIP	Plantation FL 33324	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pamela m Vicko	
STREET ADDRESS	2303 NE 35th Dr	
CITY-ST-ZIP	Ft Lauderdale, FL 33308	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVIA THOMAS	
STREET ADDRESS	11960 S.W. 18ct.	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/99)