

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0029564

DOCUMENT # 716838

1. Entity Name

BOY COLONY PROTECTIVE ASSOCIATION, INC.

04-11-2002 90668 018 ****61.25

Principal Place of Business

Mailing Address

**1 COMPASS DR
 LAUDERDALE FL 33308**

**1 COMPASS DR
 FT LAUDERDALE FL 33308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1 Compass Dr
 Suite, Apt. #, etc.**

**1 Compass Dr.
 Suite, Apt. #, etc.**

City & State

City & State

H. Laud., FL

H. Laud.

4. FEI Number

59-2064592

Applied For

Not Applicable

Zip

Country

Zip

Country

H. Broward

33308 FL

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

**SIMMONS, STEPHEN J
 321 S.E. 15 AVE.
 FT. LAUDERDALE FL 33301**

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 | PD | <input type="checkbox"/> Delete |
| NAME | KEARN, JOSEPH | |
| STREET ADDRESS | 20 COMPASS ROAD | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33308 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WEAVER, MARIANNE | |
| STREET ADDRESS | 30 N COMPASS DR | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33308 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | DIBATTISTA, ANDREW, J | |
| STREET ADDRESS | 50 COMPASS LANE | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | LESTRANGE, BETTE | |
| STREET ADDRESS | 160 N COMPASS DR | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33308 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | Bruce Johnson | |
| STREET ADDRESS | 60 N. Compass Drive | |
| CITY-ST-ZIP | H. Laud., FL 33308 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | Susan Michaelm | |
| STREET ADDRESS | 101 Boy Colony Drive | |
| CITY-ST-ZIP | H. Laud., FL 33308 | |

| | | |
|----------------|--------------------|--|
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Pres. Trus. | <input checked="" 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 | | |
| TITLE | Vice Pres. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | → | |
| CITY-ST-ZIP | | |
| TITLE | Secretary | <input checked="" 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: **Marianne Weaver**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/2/02** Daytime Phone #: **954-491-0170**

CR2E037 (9/01)