

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # 729971

1. Entity Name

ESTATE PLANNING COUNCIL OF BROWARD COUNTY, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

04-18-2000 90038 012 ****61.25

Principal Place of Business
100 NE THIRD AVE
STE 400
FT LAUDERDALE FL 33301
US

Mailing Address
100 NE THIRD AVE
STE 400
FT LAUDERDALE FL 33301-1155
US

2. Principal Place of Business
AHERN, JASCO, & CO
Suite, Apt. #, etc.
190 S.E. 19th AVENUE
City & State
Pompano Beach FL.
Zip
33060
Country
USA

3. Mailing Address
190 S.E. 19th AVENUE
Suite, Apt. #, etc.
City & State
Pompano Beach, FL.
Zip
33060
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7411611

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVIS, JAMES B
100 NE 3RD AVE, STE 400
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
Name
McDONOUGH, REBECCA L.
Street Address (P.O. Box Number is Not Acceptable)
190 S.E. 19th AVENUE
City
Pompano Beach FL Zip Code
33060

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 *James B. Davis*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

4/26/00
4/3/00
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	TD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONOUGH, REBECCA L		NAME		
STREET ADDRESS	180 SE 19TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	POMPAHO BCH FL 33060		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JAMES B		NAME		
STREET ADDRESS	100 NE THIRD AVE, STE 400		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUERST, DOUGLAS P		NAME		
STREET ADDRESS	5900 N ANDREWS AVE #908		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33309		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JOYCE		NAME		
STREET ADDRESS	50 E CAMINO REAL		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE (50)	BASKIES, JEFFREY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RUDEN, MCCLOSKEY, SMITH, SCHUSTER	
STREET ADDRESS			STREET ADDRESS	200 EAST BROWARD BLVD.	
CITY-ST-ZIP			CITY-ST-ZIP	FT. LAUDERDALE, FL. 33302	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *James B. Davis*
Signature, typed or printed name of signing officer or director

4/3/00 (954) 938 5003
Date Daytime Phone #

CR2E037 (9/99)