

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90164 025 ****61.25

DOCUMENT # 747286

1. Entity Name

COMMUNITY & ECONOMIC DEVELOPMENT COUNCIL OF SOUTH FLORIDA, INC.



Principal Place of Business

P.O. BOX 2266
FT LAUDERDALE FL 33303-9266

Mailing Address

P.O. BOX 2266
FT LAUDERDALE FL 33303-9266

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 **59-1900489**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JERNIGAN, R SKEET
2208 NE 26TH STREET
FORT LAUDERDALE FL 33305

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME JERNIGAN, SKEET, R ☐ Delete
STREET ADDRESS 540 N.E. 4TH ST.
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME RUSTY, WITT ☒ Delete
STREET ADDRESS 10021 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES FL

TITLE D ☐ Change ☒ Addition
NAME KEVIN RATTERLEE
STREET ADDRESS 1401 UNIVERSITY DR.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE CD ☒ Delete
NAME UNGER, CRAIG
STREET ADDRESS 4400 W. SAMPLE ROAD
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE D ☐ Change ☒ Addition
NAME ROY PASKOW
STREET ADDRESS 2900 GLADES CIRCLE
CITY-ST-ZIP WESTON, FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature] **REQUISITE JERNIGAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954
1/22/03
566-6679

CR2E037 (10/02)