

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State

03-21-2001 90028 021 ****70.00
 05-18-2001 90011 022 ****70.00

DOCUMENT # **N00000001492**
 1. Entity Name
Pride of Greater Ft. Lauderdale Inc.

Principal Place of Business Mailing Address
2228 Wilton Dr.
PMB #2
Wilton manors Fl. 33305

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 **65-0982706** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Ed Wood
2426 Wilton Drive
Fort Lauderdale, FL 33305

7. Name and Address of New Registered Agent
 Name **Terry L. Norman**
 Street Address (P.O. Box Number is Not Acceptable) **1581 NE 34th Ct #213**
 City **Oakland Pk** State **FL** Zip Code **33334**

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  DATE **6/11/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	Co Chair Officer <input type="checkbox"/> Delete
NAME	Terry L. Norman D
STREET ADDRESS	1581 NE 34th Ct. #213
CITY-ST-ZIP	Oakland Park, FL 33334
TITLE	Co Chair - Officer <input type="checkbox"/> Delete
NAME	Debbie Weisinger D
STREET ADDRESS	1830 NW 33rd Ct.
CITY-ST-ZIP	Oakland Park FL 33309
TITLE	Treasurer - Officer <input checked="" type="checkbox"/> Delete
NAME	Joel Gaery D
STREET ADDRESS	3089 N. Oakland Forrest Drive #204
CITY-ST-ZIP	Oakland Park, FL 33309
TITLE	Secretary - officer <input checked="" type="checkbox"/> Delete
NAME	Scott Davis D
STREET ADDRESS	1515 E. Broward Blvd. #216
CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	Treasurer - Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Chambers D
STREET ADDRESS	2931 NE 6th Ave.
CITY-ST-ZIP	Fort Lauderdale, FL 33334
TITLE	Secretary - officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nadine Forbes
STREET ADDRESS	3830 Lyons Road #210
CITY-ST-ZIP	Coconut Creek, FL 33073
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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  DATE **6/11/01** (954)646-3675
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)