

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90047 046 ****61.25

DOCUMENT # N15234

1. Entity Name

THE BROWARD COUNTY FILM SOCIETY, INC.

Principal Place of Business

Mailing Address

**503 SE 6 STREET
 FT. LAUDERDALE FL 33301**

**1314 E LAS OLAS
 #007
 FT LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2701676

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SOLOMON, DOUGLAS P
 350 E. LAS OLAS BLVD
 17TH FLOOR
 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 _____ DATE _____
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	BRANTMEYER, BOB	
STREET ADDRESS	852 NE 20 AVE., 33304	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EDGEMON, JAMIE	
STREET ADDRESS	5821 NE 22 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, VIRGINIA I	
STREET ADDRESS	614 S. FEDERAL HWY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	PCED	<input type="checkbox"/> Delete
NAME	VON HAUSCH, GREGORY	
STREET ADDRESS	503 SE 6 STREET	
CITY-ST-ZIP	FT. 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 REQUIRED** **Gregory von Hausch 1/8/02 954-760-9898**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)