

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90049 029 \*\*\*\*70.00

**DOCUMENT # N36310**  
 1. Entity Name  
**METRO BROWARD ECONOMIC DEVELOPMENT CORPORATION I**

Principal Place of Business <b>3800 W BROWARD BLVD.          NATIONS BANK BLDG.          FT. LAUDERDALE FL 33312          US</b>	Mailing Address <b>3800 W BROWARD BLVD.          NATIONS BANK BLDG.          FT. LAUDERDALE FL 33312-1018          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0200546</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**THOMAS, ALDWIN C.  
 3800 W. BROWARD BLVD.  
 NATIONS BANK BLDG.  
 FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent  
 Name  
**SHERYL A. DICKEY, CHAIR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3800 WEST BROWARD BOULEVARD  
 FT. LAUDERDALE, FL 33312**  
 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 **SHERYL A. DICKEY, CHAIR/ACTING CEO** *[Signature]* **4/26/2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>D 1ST VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>LAMBERT, LES</b>	
STREET ADDRESS <b>ONE FINANCIAL PLAZA, 9TH FLOOR</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33301</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>THOMAS, ALDWIN</b>	
STREET ADDRESS <b>3800 W BROWARD BLVD.</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL</b>	
TITLE <b>D TREASURER</b>	<input type="checkbox"/> Delete
NAME <b>ASH, ANTHONY</b>	
STREET ADDRESS <b>6650 GRIFFIN ROAD</b>	
CITY-ST-ZIP <b>DAVE FL</b>	
TITLE <b>DS SECRETARY</b>	<input type="checkbox"/> Delete
NAME <b>CLUTTER, MICHAEL</b>	
STREET ADDRESS <b>ONE E. BROWARD BLVD.</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>	
TITLE <b>CT 2ND VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>TAYLOR, NORMAN</b>	
STREET ADDRESS <b>115 S ANDREWS AVENUE</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>	
TITLE <b>SHERYL A. DICKEY, CHAIR</b>	<input type="checkbox"/> Delete
NAME <b>SHERYL A. DICKEY, CHAIR</b>	
STREET ADDRESS <b>547 NW 9th Avenue</b>	
CITY-ST-ZIP <b>Fort Lauderdale, Fl 33311</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>SHERYL A. DICKEY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CHAIR</b>	
STREET ADDRESS <b>547 NW 9th Avenue</b>	
CITY-ST-ZIP <b>Ft. Lauderdale, Fl 33311</b>	
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	<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)(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]* **4/26/2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)