

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42274

1. Entity Name

BROWARD COUNTY LEAGUE OF CITIES, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90018 015 ****61.25

Principal Place of Business 115 S ANDREWS AVE RM-112 Room 122 FT LAUDERDALE FL 33301	Mailing Address 115 S ANDREWS AVE RM-112 Room 122 FT LAUDERDALE FL 33301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. Room 122	Suite, Apt. #, etc. Room 122
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City & State	City & State	4. FEI Number 59-1590523	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JOSIAS, STEVEN L.
3099 E COMMERCIAL BLVD
SUITE 200
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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
After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	GOLDSMITH, SAM	
STREET ADDRESS	4800 W. COPANS ROAD	
CITY-ST-ZIP	COCOANUT CREEK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECK, EUGENE	
STREET ADDRESS	4300 NW 36TH ST	
CITY-ST-ZIP	LAUDERDALE FL	
TITLE	PD D	<input type="checkbox"/> Delete
NAME	MOORE, CARLTON	
STREET ADDRESS	100 N. ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARKS, ROBERT	
STREET ADDRESS	6500 PARKSIDE DR	
CITY-ST-ZIP	PARKLAND FL	
TITLE	PD D	<input type="checkbox"/> Delete
NAME	BERK, MAUREEN	
STREET ADDRESS	9551 SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FIORE, JOHN	
STREET ADDRESS	524 NE 21 COURT	
CITY-ST-ZIP	WILTON MANORS FL 33305	

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: W. Cudney 7-12-00 954-357-7370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #