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

## **DOCUMENT # N42274**

1. Entity Name

## BROWARD COUNTY LEAGUE OF CITIES, INC.

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## **FILED** Jun 30, 2003 8:00 am Secretary of State 06-30-2003 90067 021 \*\*\*\*61.25

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115 RM	Mailing Address 115 S ANDREWS AVE RM 122 FT LAUDERDALE FL 33301								
3.	3. Mailing Address								
	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
	City & State			4. FEi Number 59-1590523			Applied For		]
ountry	Zip Country		,	5. Certificate of Status Desired Fee		\$8.7	8.75 Additional		
Address of Current Regis	tered Agent			7. Name and Add	ress of New Registe				1
								Appendix of the second	
16		C	ity			FI	ip Code		]
d name of registered agent and title i	9. Election Cam	npaign Finar		\$5.00 May Be Added to Fees	Make Cl	neck Pay			
OFFICERS AND DIRECTO	RS	11.		ADDITIONS/CHANG	ES TO OFFICERS AN	J D DIRECTO	ORS IN	10	}
	☐ Delete						hange	☐ Addition	(20/05)
N NAD PARL BLVD	☐ Delete	1					hange	Addition	Jed O
TT .	NAM STRE		i i		_		hange	Addition	
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	☐ Delete	CITY-ST-Z	IIP					Addition	}
	Ountry  Address of Current Regist  VD  D8  Inits this statement for the pagent.  Indicate of registered agent and title if  E IS \$61.25  OFFICERS AND DIRECTO  GWYNDOLEN  ACH FL 33441  N  NAD PARL BLVD  3351  RT  E DR	### 115 \$ ANDREWS AVE RM 122 FT LAUDERDALE FL 33301    3. Mailing Address	115 \$ ANDREWS AVE RM 122 FT LAUDERDALE FL 33301  3. Mailting Address  Suite, Apt. #, etc.  City & State  Ountry  Zip  Country  Address of Current Registered Agent  VD  08  CC  Suite, Apt. #, etc.  City & State  Ountry  Address of Current Registered Agent  N  S  S  WD  08  CC  Changing its registered or orgent.  In this statement for the purpose of changing its registered orgent.  In the change of registered agent and title if applicable.  (NOTE: Registered Agent  Trust Fund Contribution.  COFFICERS AND DIRECTORS  11.  GWYNDOLEN  ACH FL 33441  Delete  TITLE  NAME  STREET AD  CITY-ST-  TITLE  NAME  STREET AD	Mailing Address  115 S ANDREWS AVE RM 122 FT LAUDERDALE FL 33301  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip Country  Address of Current Registered Agent  Name Street Address of  City  Delete  Name Trust Fund Contribution.  OFFICERS AND DIRECTORS  GWYNDOLEN  ACH FL 33441  Delete  NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete	Mailing Address 115 S ANDREWS AVE RM 122 FT LAUDERDALE FL 33301  3. Mailing Address  Suito, Apt. #, etc.  City & State  City & State  4. FEI Number 5  Country  Zip  Country  Zip  Country  Street Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Name)  City  On the purpose of changing its registered office or registered agent, or both, in gignt.  City  In anne of registered agent and too if applicable.  (MOTE Registered Agent signature required when renations)  E IS \$61.25  9. Election Campaign Financing Trust Fund Contribution  Address Address (P.O. Box Number is Name)  For Proposered Agent signature required when renations)  E IS \$61.25  9. Election Campaign Financing Address (P.O. Box Number is Name)  Trust Fund Contribution  Address of Current Registered agent, or both, in gignt.  In the Name  STREET ADDRESS CITY-ST-ZIP  Delete  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  STREET ADRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST	Mailing Address 115 S ANDREWS AVE RM 122 FT LAUDERDALE FL 33301  3. Mailing Address  Surte, Apt. #, etc.   CHECK HERE IF MAI  City & State   4. FEI Number 59-1590523  Ountry   Zip   Country   5. Certificate of Status Desired   Check Here IF MAI  Address of Current Registered Agent   7. Name and Address of New Register Name   Name	Mailing Address 115 S ANDREWS ANE BMI 122 FT LAUDERDALE FL 33301  3. Maiking Address  Suito, Apt. #, etc.   CHECK HERE IF MAKING CHA City & State   4. FEI Number 59-1590523  Ountry   Zip   Country   5. Corrificate of Status Desired   \$6.7 Fee F Fee F Name   Name and Address of New Registered Agent   Name   Name and Address of New Registered Agent   Name   Name   Nat Acceptable)  VD  38 City   FL   Z  Lits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.   Lam Familia gight.    10 trained of registered agent, or both, in the State of Florida.   Lam Familia gight.    11	Mailing Address 115 \$ ANDREWS AVE RM 122 FT LAUDENDALE FL 33301  3. Mailing Address  Suite, Apt. #, etc.   Check Hiller IF MAKING CHANSES  City 8 State   4. FEI Number 59-1590523   Apr. No. No. Check Hiller IF MAKING CHANSES  City 8 State   7. Name and Address of New Registered Agent   No. Name   No. Acceptable    VD   Street Address (P.O. Box Number is Not. Acceptable)  VD   Street Address (P.O. Box Number is Not. Acc	Mailing Address  11 S ANDREWS AVE RIN 122 FT LAUDERDALE FL 33001  3. Mailing Address  Suito, Aprl. #, arc.

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 recover 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.

954.351.7370