

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003590

1. Entity Name

DANIA HISTORIC ANTIQUE DISTRICT ASSOCIATION, INC

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90006 039 ****61.25

Principal Place of Business

Mailing Address

19 N FEDERAL HWY
 DANIA FL 33004

P.O. BOX 845
 DANIA FL 33004-0845
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

71 N FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA BEACH FL

City & State

4. FEI Number

65-0435341

Applied For

Not Applicable

Zip

33004

Country

Barbados

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

LEHMAN, RICHARD
 3 N FEDERAL HWY
 DANIA FL 33004

Name GORDON MAYS

Street Address (P.O. Box Number is Not Acceptable)
 71 N FEDERAL HWY

City DANIA BEACH FL Zip Code 33004

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 *Richard Lehman* Richard Lehman

1/5/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input checked="" type="checkbox"/> Delete
NAME	BEAUDET, PHYLYSS	
STREET ADDRESS	3 N FED HWY	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEHMAN, RICHARD	
STREET ADDRESS	3 N FEDERAL HWY	
CITY-ST-ZIP	DANIA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRIST MORAL, CAROL	
STREET ADDRESS	26 N FEDERAL HWY	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NOBLE, GENE	
STREET ADDRESS	3 N FEDERAL HWY	
CITY-ST-ZIP	DANIA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	TPYE, MICHAEL PNE, MICHAEL	
STREET ADDRESS	3 N FEDERAL HWY	
CITY-ST-ZIP	DANIA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAST, GOLDIE	
STREET ADDRESS	10 N FED HWY	
CITY-ST-ZIP	DANIA FL	

TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON MAYS	
STREET ADDRESS	71 N FEDERAL HWY	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELNOR GARBLICK	
STREET ADDRESS	3 N FEDERAL HWY	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	UP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTY HANNA	
STREET ADDRESS	8 N FEDERAL HWY	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULA SCHUMER	
STREET ADDRESS	3 N FEDERAL HWY	
CITY-ST-ZIP	DANIA BEACH FL 33004	

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: *Richard Lehman, Director* 4/5/2000 (954) 922-5467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)