

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90037 009 ****61.25

0031936

DOCUMENT# N93000003590

1. Entity Name

DANIA HISTORIC ANTIQUE DISTRICT ASSOCIATION, INC

Principal Place of Business

Mailing Address

**71 N. FEDERAL HWY
 DANIA FL 33004**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0435341

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAYS, GORDON
 71 N. FEDERAL HWY
 DANIA FL 33004**

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

Gordon Mays

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

(NOTE: Registered Agent signature required when reinstating)

4/25/01

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 Delete
 NAME **P MAYS, GORDON**
 STREET ADDRESS **71 N FEDERAL HWY**
 CITY-ST-ZIP **DANIA FL 33004**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LEHMAN, RICHARD**
 STREET ADDRESS **3 N FEDERAL HWY**
 CITY-ST-ZIP **DANIA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CHRIST MORAL, CAROL**
 STREET ADDRESS **26 N FEDERAL HWY**
 CITY-ST-ZIP **DANIA FL 33004**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D NOBLE, GENE**
 STREET ADDRESS **3 N FEDERAL HWY**
 CITY-ST-ZIP **DANIA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T TPYE, MICHAEL**
 STREET ADDRESS **3 N FEDERAL HWY**
 CITY-ST-ZIP **DANIA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~**GARELICK, ELINOR**~~
 STREET ADDRESS ~~**3 N FEDERAL HWY**~~
 CITY-ST-ZIP ~~**DANIA FL 33004**~~

TITLE Change Addition
 NAME **Vice President
 Martin J. Hauna**
 STREET ADDRESS **9 N. Federal Hwy.**
 CITY-ST-ZIP **Dania, 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:

M. Hauna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

DATE

Daytime Phone #

954-927-9482

CFR2E037 (10/00)