


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

2/3

02-03-2003 90050 015 \*\*\*\*61.25

**DOCUMENT # N95000002526**

1. Entity Name  
**BROWARD TRUST FOR HISTORIC PRESERVATION, INC.**



Principal Place of Business  
**729 MIDDLE STREET,  
 FT. LAUDERDALE FL 33312-7158  
 US**

Mailing Address  
**729 MIDDLE STREET,  
 FT. LAUDERDALE FL 33312-7158  
 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



4. FEI Number **65-0596154** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SLATKIN, JASON E ESQ.  
 SUITE 305  
 515 SEABREEZE BLVD.  
 FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent  
 Name **Nolan Haan**  
 Street Address (P.O. Box Number is Not Acceptable) **729 SW 2 CT**  
 City **Ft. Lauderdale FL** Zip Code **33312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nolan Haan* DATE **1/20/03**

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 Florida Department of State.**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GRAY, LIELA 1500 ARGYLE DR FT LAUDERDALE FL 33312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres. Charles Jordan D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 729 SW 2 CT Ft. Lauderdale FL 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPO WALSH, ROBERT 809 COONTIE CT FT LAUDERDALE FL 33312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. Liela Gray D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 Argyle Dr. Ft. Lauderdale FL 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HAAN, NOLAN 728 SW 2 CT FT LAUDERDALE FL 33312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas. Nolan Haan D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 729 SW 2 CT Ft. Lauderdale FL 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED* DATE: **1/20/03** DAYTIME PHONE #: **9544670050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (10/02)