

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002468

1. Entity Name

BOCA RATON AMATEUR RADIO ASSOCIATION, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90117 036 \*\*\*\*61.25

Principal Place of Business 9485 AEGEAN DR BOCA RATON FL 33496 US	Mailing Address 9485 AEGEAN DR BOCA RATON FL 33496-6684 US
----------------------------------------------------------------------------	---------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

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 <b>65-0666979</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**SMYTH, SEAN F**  
**1400 CENTRE PARK BLVD, SUITE 200**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **SEAN SMYTH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9485 AEGEAN DRIVE**  
 City **BOCA RATON** FL Zip Code **33496**

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 **2/8/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------------	---------------------------------------------------------------------------------------------------------------------	--------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	<b>FARSON, ADAM</b>	
STREET ADDRESS	<b>5 POLO CIR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>GENDLE, DAVID</b>	
STREET ADDRESS	<b>7165 NW 4TH AVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HILTINS, JAMES</b>	
STREET ADDRESS	<b>2301 NW 88TH LANE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>SHINE, ROBERT</b>	
STREET ADDRESS	<b>1000 NW 4TH ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SMYTH, SEAN</b>	
STREET ADDRESS	<b>9485 AEGEAN DRIVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARK SAUAGE</b>	
STREET ADDRESS	<b>P.O. Box 5601</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33466</b>	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEWIS LEHMAN</b>	
STREET ADDRESS	<b>4851 NE 5TH AVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILLINS, JAMES</b>	
STREET ADDRESS	<b>2301 NW 86TH LN</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33486</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHINE, ROBERT</b>	
STREET ADDRESS	<b>1000 NW 4TH ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
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: DATE **2/8/00** DAYTIME PHONE # **(561) 995-6123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)