

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002350

1. Entity Name

SAMPLE-MCDOUGALD HOUSE PRESERVATION SOCIETY, INC

Principal Place of Business

2021 N.W. 32ND CT.
FT. LAUDERDALE FL 33309

Mailing Address

2021 N.W. 32ND CT.
FT. LAUDERDALE FL 33309

2. Principal Place of Business

PO Box 1599

Suite, Apt. #, etc.

POMPANO BEACH FL

City & State

33061

Zip

BROWARD

Country

3. Mailing Address

PO Box 1599

Suite, Apt. #, etc.

POMPANO BEACH, FL

City & State

33061

Zip

BROWARD

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0917275

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MADDOX, REBECCA

2021 N.W. 32ND CT.

FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

ROBERT F. MAHONEY, CPA

Street Address (P.O. Box Number is Not Acceptable)

3801 NORTH FEDERAL HWY

City

POMPANO BEACH

FL

Zip Code

33064

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

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

ROBERT F. MAHONEY, CPA

DATE

2/7/01

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

TITLE S
NAME MCDUGALD SHADIN, MARGARET
STREET ADDRESS 600 N.E. 4TH ST.
CITY-ST-ZIP POMPANO BEACH FL 33060

☐ Delete

TITLE T
NAME WHITE, MARGARET
STREET ADDRESS 850 S.E. 5TH TERR.
CITY-ST-ZIP POMPANO BEACH FL 33060

☐ Delete

TITLE T
NAME BUNTROCK, MARVIN F
STREET ADDRESS 2380 S.E. 7TH DR.
CITY-ST-ZIP POMPANO BEACH FL 33062

☒ Delete

TITLE T
NAME MADDOX, REBECCA
STREET ADDRESS 2021 N.W. 32ND CT.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE EXEC. DIRECTOR
NAME DON HIBBY
STREET ADDRESS 4230 NW 9 CT
CITY-ST-ZIP COCONUT CREEK, FL 33066

☐ Change ☒ Addition

TITLE PRESIDENT
NAME REX HADIN
STREET ADDRESS 140 SW 15 STREET
CITY-ST-ZIP POMPANO BEACH FL 33060

☐ Change ☒ Addition

TITLE VICE PRESIDENT
NAME SHIRLEY PARKS
STREET ADDRESS 613 NE 3 STREET
CITY-ST-ZIP POMPANO BEACH FL 33060

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

954 786-4047

Daytime Phone #

CR2E037 (10/00)

0046032