

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90034 038 ****61.25

DOCUMENT # 752055

1. Entity Name

SOUTH BROWARD BUSINESS COUNCIL, INC.

Principal Place of Business

4313 HOLLYWOOD BLVD.#208
 P.O.BOX 6091
 HOLLYWOOD FL 33021

Mailing Address

P.O. BOX 6091
 HOLLYWOOD FL 33081

A0010363



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

~~2801 N. 38th Ave~~

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

City & State

4. FEI Number

59-2040572

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEONARD, MALCOLM A CPA
 3810 HOLLYWOOD BLVD
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

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

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

TITLE: PD
 NAME: STOODLEY, JAMES Delete
 STREET ADDRESS: PO BOX 81-7237
 CITY-ST-ZIP: HOLLYWOOD FL

TITLE: D
 NAME: DRAVEL, TERRY Delete
 STREET ADDRESS: 5754 JOHNSON ST
 CITY-ST-ZIP: HOLLYWOOD FL

TITLE: D
 NAME: LUNDY, ANTHONY Delete
 STREET ADDRESS: 3350 BURRIS ROAD
 CITY-ST-ZIP: FT. LAUDERDALE FL

TITLE: D
 NAME: GILCHRIST, RAE Delete
 STREET ADDRESS: 466 HOLLYWOOD BLVD
 CITY-ST-ZIP: HOLLYWOOD FL

TITLE: TD
 NAME: LEONARD, MAL Delete
 STREET ADDRESS: 3810 HOLLYWOOD BLVD
 CITY-ST-ZIP: HOLLYWOOD FL

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Change 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:

James J. Stoodley
JAMES J. STOODLEY

1/17/00
 Date

(954) 962-9997
 Daytime Phone #

CR2E037 (9/99)