

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 739286**

1. Entity Name

**THE GENEALOGICAL SOCIETY OF BROWARD COUNTY, INC.**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90132 022 \*\*\*\*61.25

Principal Place of Business <b>828 NW 131 AVE SUNRISE FL 33325 US</b>	Mailing Address <b>PO BOX 485 FT LAUDERDALE FL 33302-0485 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1744388</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**THOMPSON, TRUDE**  
**828 NW 131ST AVE**  
**SUNRISE FL 33325**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>T THOMPSON, TRUDE 828 NW 131 AVENUE SUNRISE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HENRY, FRED 315 NW 40TH CT. OAKLAND PARK FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WILLIAM HICKS 13231 SW 7TH CT DAVIE FL 33325</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RITTLE, DELMAR 2413 FLAMINGO LN FT LAUDERDALE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VOLLMAN, CHARLES 2004 N 31 AVENUE HOLLYWOOD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TRUBEY, LILLIAM 1415 NE 4 PLACE FT. LAUDERDALE FL</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b>	<input checked="" 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)(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: *Trude Thompson* **REQUIRED** 04-20-00 954 845 9333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

739286  
00074979

**2000 UNIFORM BUSINESS REPORT (UBR)**  
**The Genealogical Society of Broward County, Inc.**  
**59-1744388**

**Line 11:**

**Title** President  
**Name** Jack R. Bresnahan  
**Address** 2130 SW93 Way #1303  
**City-St-Zip** Fort Lauderdale, FL 33324

**Title** Vice President  
**Name** Eve L. Savage  
**Address** 252 SW 61 Avenue  
**City-St-Zip** Plantation, FL 33317

**Title** Secretary  
**Name** A. Judy Austin  
**Address** 11950 NW 30 Place  
**City-St-Zip** Sunrise, FL 33323

**Title** Director  
**Name** Guy Davenport  
**Address** 1517 SW 29 Avenue  
**City-St-Zip** Fort Lauderdale, FL 33312