

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90104 034 \*\*\*\*61.25

**DOCUMENT # N49981**

1. Entity Name

**BIRCH PARK FINGER STREETS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**4875 N FEDERAL HWY  
 10TH FLOOR  
 FT LAUDERDALE FL 33308**

**4875 N FEDERAL HWY  
 10TH FLOOR  
 FT LAUDERDALE FL 33308**

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 **65-0354048**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRISON, RICHARD W.  
 4875 N FEDERAL HWY  
 10TH FLOOR  
 FT LAUDERDALE FL 33308**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRISON, RICHARD W.</b>	NAME	
STREET ADDRESS	<b>4875 N FEDERAL HWY 10 FL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYERS, MOLLIE MCCLURE</b>	NAME	
STREET ADDRESS	<b>1541 N. ATLANTIC BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISS, MARLENE</b>	NAME	
STREET ADDRESS	<b>3320 N.E. 16TH CT.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANGE, STEPHAN P.</b>	NAME	
STREET ADDRESS	<b>7 SE 13 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANCHAR, RICHARD</b>	NAME	
STREET ADDRESS	<b>4401 W TRADEWINDS AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERDALE-BY-THE-SEA FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01.15.02 954-776-3600

CR2E037 (9/01)