

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90160 003 ****61.25

DOCUMENT # N96000002468

1. Entity Name
BOCA RATON AMATEUR RADIO ASSOCIATION, INC.

Principal Place of Business 9485 AEGEAN DR BOCA RATON FL 33496 US	Mailing Address 9485 AEGEAN DR BOCA RATON FL 33496 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0666979** Applied For
 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMYTH, SEAN F
 9485 AEGEAN DRIVE
 BOCA RATON FL 33496**

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

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

TITLE **DS** Delete
 NAME **IPPOLITO, SAL**
 STREET ADDRESS **1621 NW 9TH ST.**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **TD** Change Addition
 NAME **FRANK ETTINGER**
 STREET ADDRESS **9414 SW 22ND ST**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **DP** Delete
 NAME **SMYTH, SEAN F**
 STREET ADDRESS **9485 AEGEAN DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **VD** Change Addition
 NAME **RUDY NEUHAUS**
 STREET ADDRESS **1275 SW 21ST**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **DV** Delete
 NAME **FLEMING, PAUL**
 STREET ADDRESS **10790 NW 26TH PL**
 CITY-ST-ZIP **SUNRISE FL 33322**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LEHMAN, LEWIS**
 STREET ADDRESS **4851 NE 5TH**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** Change Addition
 NAME **LEHMAN, LEWIS**
 STREET ADDRESS **4851 NE 5TH**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** Delete
 NAME **VAN SANT, HANK**
 STREET ADDRESS **6580 N. DIXIE HWY**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **OLEKSAK, EDWARD**
 STREET ADDRESS **336 NE 29TH ST**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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: SEAN F. SMYTH, PRES. 1/8/02 (361) 342-5735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)