

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739286

1. Entity Name

THE GENEALOGICAL SOCIETY OF BROWARD COUNTY, INC.

FILED

May 15, 2002 8:00 am
Secretary of State

05-15-2002 90168 019 ****61.25

Principal Place of Business

11950 NW 30 PLACE
SUNRISE FL 33323
US

Mailing Address

PO BOX 485
FORT LAUDERDALE FL 33323
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1744388

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

AUSTIN, ADELAIDE JUDY
11950 NW 30 PLACE
SUNRISE FL 33323

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's 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AUSTIN, ADELAIDE JUDY 11950 NW 30 PLACE SUNRISE FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLLMAN, CHARLES 2004 N 31 AVENUE HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUBEY, LILLIAM 1415 NE 4 PLACE FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRESNAHAN, JACK R 2130 SW 93 WAY PLANTATION FL 33324	<input type="checkbox"/> Delete change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAVAGE, EVE 252 SW 61 AVE PLANTATION FL 33317	<input type="checkbox"/> Delete change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEACOCK, FLEETA 1841 NW 105 AVENUE PLANTATION FL 33322	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDRA L. MAUTNER 741 NW 36 ST. OAKLAND PARK FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIRGINIA FLETCHER 721 NW 73 AVE PLANTATION FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRESNAHAN, JACK R 2130 SW 93 WAY #1303 FT. LAUDERDALE FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVE SAVAGE 252 SW 61 AVE PLANTATION FL 33317	<input checked="" 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

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:

Adelaide Judy Austin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adelaide Judy Austin 4/26/02
Date

954-572-7015
Daytime Phone #

CR2E037 (9/01)