

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 213470

1. Entity Name

LUMBERMEN'S CREDIT ASSOCIATION OF BROWARD COUNTY

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90047 045 ***150.00

Principal Place of Business

701 E. COMMERCIAL BLVD.
4TH FLOOR
FT. LAUDERDALE FL 33334-3261
US

Mailing Address

701 E. COMMERCIAL ~~WAVE~~ Blvd
4TH FLOOR
FT. LAUDERDALE FL 33334-3261
US

956056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

701 E. COMMERCIAL Blvd

Suite, Apt. #, etc.

4th Floor

FORT LAUDERDALE FL

Zip

33334-3261

Country

USA

4. FEI Number

59-0838698

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALIBA, VAN A
701 E COMMERCIAL BLVD
4TH FLOOR
FT. LAUDERDALE FL 33334

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PDS ☐ Delete
NAME SALIBA, VAN A
STREET ADDRESS 701 E. COMMERCIAL BLVD., 4TH FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE T ☐ Delete
NAME SALIBA, VAN A
STREET ADDRESS 701 E. COMMERCIAL BLVD., 4TH FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL 33334-261

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33334-3261

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other file information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VAN A. SALIBA 4/19/01 954-771-2100

CR2E034 (10/00)