

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90067 003 ****61.25

DOCUMENT # 705255

1. Entity Name
**CHRISTIAN BUSINESS MEN'S COMMITTEE OF FORT LAUDE
RDALE, INC.**



Principal Place of Business Mailing Address
1 FINANCIAL PLAZA **1 FINANCIAL PLAZA**
#2602 **#2602**
FT LAUDERDALE FL 33394 **FT LAUDERDALE FL 33394**
US **US**

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 **59-6173125** Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVELL, WILLIAM C. ,
1 FINANCIAL PLAZA
SUITE 2602
FT LAUDERDALE FL 33394**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	SCOTT, WESLEY	
STREET ADDRESS	2225 NE 16TH AVE.	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVELL, WILLIAM C.	
STREET ADDRESS	1 FINANCIAL PLAZA STE 2602	
CITY-ST-ZIP	FT LAUDERDALE FL 33394	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ESTLER, STEVEN D.	
STREET ADDRESS	600 CORPORATE DRIVE, STE. 200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Wesley Scott* President 1/14/03 954 7634006

CR2E037 (10/02)