

2000 UNIFORM BUSINESS REPORT (UBR)

Pg 1 of 3

APPROVED
AND
FILED

00 MAR 15 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 708959
1. Entity Name
**Broward ~~County~~ Airboat Halftrack
And Conservation Club Inc.**

Principal Place of Business Mailing Address

2. Principal Place of Business **PO Box 291022** Suite, Apt. #, etc.
3. Mailing Address **PO Box 291022** Suite, Apt. #, etc.

City & State **DAVIE Florida** City & State **DAVIE FL.**
Zip **33329** Country **US** Zip **33329** Country **US**

4. FEI Number **59-1927780** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**Keyser, Atty, Timothy
PO Box 92
Interlachen Fl. 32048**

7. Name and Address of New Registered Agent
Name **ROBERT COREY**
Street Address (P.O. Box Number is Not Acceptable)
221 NE 57 CT
City **FT. LAUDERDALE** FL Zip Code **33334**

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 **Robert Corey** President **400003227254-0**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **-04/27/00-01091-004**
*******613511*00*61.25**

FILE NOW:
FOR INFORMATION
SEE PAGE 10

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	
TITLE PO	NAME DIANE BUCHANAN <input checked="" type="checkbox"/> Delete
STREET ADDRESS 5457 NE 1 AVE	CITY-ST-ZIP FT. LAUDERDALE FL. 33334
TITLE D	NAME STEVE GENTLE <input checked="" type="checkbox"/> Delete
STREET ADDRESS 5071 SW 94 AVE	CITY-ST-ZIP COOPER CITY FL. 33328
TITLE TD	NAME ED BRIN <input checked="" type="checkbox"/> Delete
STREET ADDRESS 609 SW 5 PLACE	CITY-ST-ZIP FT. LAUDERDALE FL. 33315
TITLE SO	NAME MARC CRUZ <input type="checkbox"/> Delete
STREET ADDRESS 4251 SW 22 ST	CITY-ST-ZIP FT. LAUD FL. 33317
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME ROBERT COREY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 221 NE 57 CT	CITY-ST-ZIP FT. LAUDERDALE FL. 33334
TITLE V	NAME JACK COREY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1366 SW 26 AVE	CITY-ST-ZIP FT. LAUDERDALE FL 33312
TITLE T	NAME JIM SIMON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 830 SW 56 AVE	CITY-ST-ZIP MARATE FL. 33068
TITLE S	NAME MARC CRUZ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4251 SW 22 ST	CITY-ST-ZIP FT. LAUDERDALE FL. 33317
TITLE D	NAME ROD DUFFY <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2311 SW 50 TERR	CITY-ST-ZIP FT. LAUDERDALE FL. 33317
TITLE D	NAME JOHN FULTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5810 N. FARRAGUT DR.	CITY-ST-ZIP HOLLYWOOD FL. 33021

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: **Robert Corey** **3-11-00 (954) 868-9623**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

D

Damon Carroll
12388 SW 52 Pl
Cooper City Fl. 33330

D

MIKE REAVES
1313 SW 47 Ave
Ft. LAUD Fl. 33317

D

Lenny Olivieri
4831 SW 10 St
Plantation Fl. 33317

D

John Egert
5001 SW 198 Terr
Ft. LAUD Fl. 33332

D

J.J. Zlotowski
7711 NW 11 Ct
Pembroke Pines Fl. 33024

To Whom it may Concern

My Name is Robert Corey, President Broward County Airboat, Haltrack and Conservation Club, Inc. I have been in contact with Ms Milligan at the number enclosed to me. I explained to Ms Milligan that I did not receive any notices to our present mailing address. The previous mailing address I am unfamiliar with and can not find the person who was at that address previous to ask if any papers were received. Ms Milligan explained to me the reinstatement fee may be waived if I explained my situation and that I never received any notices. The blame is not being put on your behalf. The principal place of business and mailing address is being changed on the 2000 application to be sure we will not have this trouble in the future. She also explained the Agent PO Box is not acceptable and I can not contact this person, so Ms Milligan explained I could list myself as the new Agent since I am a principal of the club. If any questions please feel free to contact me Robert Corey at (954) 868-9623 during the work day.

Thank you

Robert Corey