

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 715263**

1. Entity Name

BROWARD COUNTY 4-H FOUNDATION. INC.**FILED**
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90050 016 ****61.25

Principal Place of Business

**3245 COLLEGE AVENUE
DAVIE FL 33314**

Mailing Address

**3245 COLLEGE AVENUE
DAVIE FL 33314**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7036262

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KUBAT, SHARON
3245 COLLEGE AVENUE
DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name

JAMES E BROWN JR.

Street Address (P.O. Box Number is Not Acceptable)

2700 W ATLANTIC BLVD #200-44

City

POMPANO BEACH**FL**

Zip Code

33069

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

JAMES E BROWN JR.**1/16/01**

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

TITLE **SDT** ☐ Delete
NAME **MCCARTNEY, SANDRA**
STREET ADDRESS **5790 SW 130 AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL**TITLE **DP** ☐ Delete
NAME **SEGAL, FRED**
STREET ADDRESS **2121 N. STATE RD. 7**
CITY-ST-ZIP **MARGATE FL**TITLE **D** ☒ Delete
NAME **KUBAT, SHARON**
STREET ADDRESS **3245 COLLEGE AVE.**
CITY-ST-ZIP **DAVIE FL 33314**TITLE **DVP** ☐ Delete
NAME **REICHANASTER, TRACEY**
STREET ADDRESS **228 LA COSTA WAY**
CITY-ST-ZIP **WESTON FL 33326**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **JAMES E BROWN JR.**
STREET ADDRESS **2700 W. ATLANTIC BLVD #200-44**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/01**954 972 2525**

CR2E037 (10/00)