

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90343 002 \*\*\*\*61.25

**DOCUMENT # 716938**

1. Entity Name

**BROWARD ESTATES CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3820 NORTHWEST 5TH COURT  
 FT. LAUDERDALE FL 33311

3820 NORTHWEST 5TH COURT  
 FT. LAUDERDALE FL 33311-6306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**51-0178467**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, W. GEORGE, ESQ.**  
**116 SOUTHEAST 6TH COURT**  
**FT. LAUDERDALE FL 33301**

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

*Jacob Greene, President*

*Jacob Greene*

*4/10/00*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GREENE, JACOB</b>	
STREET ADDRESS	<b>621 NW 39TH AVENUE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>COX, TIMOTHY</b>	
STREET ADDRESS	<b>551 NW 39TH AVENUE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GREENE, YVONNE</b>	
STREET ADDRESS	<b>621 NW 39TH AVE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33311</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARNO, KATHLYN</b>	
STREET ADDRESS	<b>3789 N.W. 5TH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WIMBERLY, JOHN</b>	
STREET ADDRESS	<b>3221 NW 5TH ST</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STOKES, JOYCE</b>	
STREET ADDRESS	<b>3821 N.W. 6TH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: *Jacob Greene* **JACOB GREENE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/00* **(954) 457-2570**

DATE

Daytime Phone #

CR2E037 (9/99)