

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90045 039 \*\*\*\*61.25

0028083

**DOCUMENT # 716938**

1. Entity Name

**BROWARD ESTATES CIVIC ASSOCIATION, INC.**

Principal Place of Business

**3820 NORTHWEST 5TH COURT  
 FT. LAUDERDALE FL 33311**

Mailing Address

**3820 NORTHWEST 5TH COURT  
 FT. LAUDERDALE FL 33311**

**B003671Z**



DO NOT WRITE IN THIS SPACE

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**

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 \_\_\_\_\_ (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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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** 2/10/02 (954) 457-2510  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)