

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722016

1. Entity Name

BROWARD COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business

225 EAST LAS OLAS BOULEVARD
FT. LAUDERDALE FL 33301

Mailing Address

225 EAST LAS OLAS BOULEVARD
FT. LAUDERDALE FL 33301-2208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7181959

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUDY BOWEN MS.
BROWARD COMMUNITY COLLEGE
225 EAST LAS OLAS BLVD
FORT 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

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

(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 CD
NAME LEVAN, ALAN
STREET ADDRESS 1750 E SUNRISE BLVD
CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BANKS, WALTER
STREET ADDRESS 1700 S OCEAN LANE
CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BRADY, AMY G
STREET ADDRESS ONE FINANCIAL PLAZA
CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LAMBERTUS, CHRISTINE
STREET ADDRESS 2929 E. COMMERCIAL BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HOLCOMBE, WILLIS N.
STREET ADDRESS 225 E LAS OLAS BLVD
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ED
NAME BOWEN, JUDY
STREET ADDRESS 225 E LAS OLAS BLD
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Judy Bowen REQUIRED Judy Bowen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00
Date

954/761-7414
Daytime Phone #

CR2E037 (9/99)