

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724360

1. Entity Name

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH B

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90150 048 ****70.00

Principal Place of Business

3161 TAFT STREET
HOLLYWOOD FL 33021

Mailing Address

3161 TAFT STREET
HOLLYWOOD FL 33021-4442

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

59-1417563

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

PARTIN, MARY

~~8401 NW 4TH PLACE~~ 1535 Johnson St.
~~LAUDERHILL FL 33351~~ Hollywood, FL 33020

7. Name and Address of New Registered Agent

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

MARY PARTIN

Mary Partin

4/7/00

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

TITLE	TD LD	<input type="checkbox"/> Delete
NAME	LARRY LEGG	
STREET ADDRESS	1928 TYLER ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD PD	<input type="checkbox"/> Delete
NAME	BOGGS, LESTER	
STREET ADDRESS	2057 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASEY, DAN	
STREET ADDRESS	210 S BISCAYNE BLVD, SUITE 2000	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD PD	<input type="checkbox"/> Delete
NAME	STEVE PARKER	
STREET ADDRESS	1003 N. 35TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD VD	<input type="checkbox"/> Delete
NAME	PRADO, MARTA	
STREET ADDRESS	1200 S PINE ISLAND RD., STE 600	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE	SD SD	<input type="checkbox"/> Delete
NAME	ANDREW, STEVE	
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB ORTIZ	
STREET ADDRESS	4901 PIERCE ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTON, STEVE	
STREET ADDRESS	5900 N. Andrews Ave.	
CITY-ST-ZIP	FT. Lauderdale, FL 33309	

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:

Steve Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00
Date

Daytime Phone #

CR2E037 (9/99)