

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730154

1. Entity Name

COMMERCE CLUB, INC. OF FORT LAUDERDALE

Principal Place of Business

708 SE 9TH STREET
FT. LAUDERDALE FL 33316-1210

Mailing Address

708 SE 9TH STREET
FT. LAUDERDALE FL 33316-1210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1533308

Applied For

Not Applicable

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

BAILIE, PATRICIA R.
708 SE 9TH STREET
FORT LAUDERDALE FL 33316

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	D	<input checked="" type="checkbox"/> Delete
NAME	NEVES, DAVID	
STREET ADDRESS	1900 TIGERTAIL BLVD	
CITY-ST-ZIP	DANIA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NILES, CHRIS	
STREET ADDRESS	2601 E OAKLAND PARK BLVD STE 400	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	
TITLE	P	<input type="checkbox"/> Delete
NAME	KNIGHT, JEFF	
STREET ADDRESS	6622 NW 97 LANE	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIPES, BEVERLY	
STREET ADDRESS	33 SE OLIVE WAY	
CITY-ST-ZIP	BOCA RATON FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRIS, ROBERT E	
STREET ADDRESS	1 E BROWARD BLVD 13TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAKER, MARK	
STREET ADDRESS	100 W CYPRESS CK RD	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael McKnought-Smith	
STREET ADDRESS	3803 N. E. 12th Ave.	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00 954 958 4271

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90019 002 ****61.25



DO NOT WRITE IN THIS SPACE