

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90080 035 \*\*\*\*61.25

**DOCUMENT # 735142**

1. Entity Name

**SHADY BANKS CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1700 S.W. 14 CT.  
 FORT LAUDERDALE FL 33312

1700 S.W. 14 CT.  
 FORT LAUDERDALE FL 33312-4110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0056916**

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

**KAMMERER, DANIEL**  
**1820 SW 14TH CT.**  
**FORT LAUD FL 33312**

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 **DANIEL KAMMERER**

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

(NOTE: Registered Agent signature required when reinstating)

**5.17.00**

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 **PD**  Delete  
 NAME **BRUCKE, TYRRELL**  
 STREET ADDRESS **1451 SW 18TH TERR**  
 CITY-ST-ZIP **FORT LAUD FL 33312**

TITLE **PD**  Change  Addition  
 NAME **GENENE A. KAMMERER**  
 STREET ADDRESS **1820 S.W. 14 CT**  
 CITY-ST-ZIP **FT LAUD. FL 33312**

TITLE **TD**  Delete  
 NAME **KAMMERER, GENENE**  
 STREET ADDRESS **1820 SW 14TH CT**  
 CITY-ST-ZIP **FORT. LAUD FL 33312**

TITLE **TD**  Change  Addition  
 NAME **GENENE A. KAMMERER**  
 STREET ADDRESS **1820 S.W. 14 CT**  
 CITY-ST-ZIP **FT. LAUD, FL 33312**

TITLE **VPD**  Delete  
 NAME **FRICK, LINDA**  
 STREET ADDRESS **1491 SW 18 TERRACE**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **VPD**  Change  Addition  
 NAME **CIANCY, DAVE**  
 STREET ADDRESS **1446 SW 18 TERR.**  
 CITY-ST-ZIP **FT. LAUD, FL 33312**

TITLE **SD**  Delete  
 NAME **MURPHY, RANDY**  
 STREET ADDRESS **1605 SW 14TH CT**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **SD**  Change  Addition  
 NAME **RUSS PARISH**  
 STREET ADDRESS **1413 S.W. 19AVE**  
 CITY-ST-ZIP **FT LAUD, FL 33312**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: **DANIEL KAMMERER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/23/00** **954-523-7538**  
 Date Daytime Phone #

CR2037 (9/99)