

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736989

1. Entity Name

NORTHWEST BROWARD COLUMBIAN CLUB, INC.

Principal Place of Business

P.O. BOX 450848  
SUNRISE FL 33345-0848  
US

Mailing Address

P.O. BOX 450848  
SUNRISE FL 33345-0848  
US

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

59-1758426

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

ROMANO, ANTHONY G.  
2241 NW 70 AVE  
MARGATE FL 33063

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 P ☐ Delete  
NAME ROMANO, ANTHONY G.  
STREET ADDRESS 2241 NW 70 AVE  
CITY-ST-ZIP MARGATE FL 33063

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

TITLE VP ☐ Delete  
NAME CARRIZALES, REYES  
STREET ADDRESS 8260 NW 68 TERR  
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE T ☐ Delete  
NAME BLAIR, GEORGE  
STREET ADDRESS 3632 CO COLAKE DR  
CITY-ST-ZIP COCONUT CREEK FL 33073

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

TITLE D ☐ Delete  
NAME FROTEN, SR, ROBERT W  
STREET ADDRESS 6706 INWOOD  
CITY-ST-ZIP N LAUDERDALE FL 33068

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

TITLE D ☐ Delete  
NAME NORTHCOURT, DENNIS  
STREET ADDRESS 8204 NW 72 AVE  
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE D ☐ Delete  
NAME WYROBA, BILL  
STREET ADDRESS 6590 NW 90 AVE  
CITY-ST-ZIP TAMARAC FL 33321

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT W. FROTEN 2-13-01 954-973-4786

Date

Daytime Phone #

00056032



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)