

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90019 020 ****61.25

DOCUMENT # 736989

1. Entity Name

NORTHWEST BROWARD COLUMBIAN CLUB, INC.

Principal Place of Business

Mailing Address

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

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

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

7. Name and Address of New Registered Agent

Name **FREDERICK A SCHWEITZER**

Street Address (P.O. Box Number is Not Acceptable)
1700 NW 65 AVE

City **MARGATE** **FL** Zip Code **33063**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-02

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	P	<input checked="" type="checkbox"/> Delete
NAME	ROMANO, ANTHONY G.	
STREET ADDRESS	2241 NW 70 AVE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CARRIZALES, REYES	
STREET ADDRESS	8260 NW 68 TERR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BLAIR, GEORGE	
STREET ADDRESS	3832 CO COLAKE DR	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	FROTEN, SR, ROBERT W	
STREET ADDRESS	6706 INWOOD	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NORTHCOURT, DENNIS	
STREET ADDRESS	8204 NW 72 AVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYROBA, BILL	
STREET ADDRESS	6590 NW 90 AVE	
CITY-ST-ZIP	TAMARAC FL 33321	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICK A. SCHWEITZER	
STREET ADDRESS	1700 NW 65 AVE	
CITY-ST-ZIP	MARGATE, FL.	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH COLON	
STREET ADDRESS	6701 NW 22 ST.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<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		

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:

ROBERT W. FROTEN FIN/SEC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

954-973-1186

Date

Daytime Phone #

CR2E037 (9/01)