

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752055

1. Entity Name

SOUTH BROWARD BUSINESS COUNCIL, INC.

Principal Place of Business

4313 HOLLYWOOD BLVD.#208
P.O.BOX 6091
HOLLYWOOD FL 33021

Mailing Address

P.O. BOX 6091
HOLLYWOOD FL 33081

2. Principal Place of Business

2801 N. 38 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

City & State

Zip

33021

Country

USA

Zip

Country

4. FEI Number

59-2040572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONARD, MALCOLM A CPA
3810 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

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

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 PD ☐ Delete
NAME STOODLEY, JAMES
STREET ADDRESS PO BOX 81-7237
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☐ Delete
NAME DRAVEL, TERRY
STREET ADDRESS 5754 JOHNSON ST
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☐ Delete
NAME LUNDY, ANTHONY
STREET ADDRESS 3350 BURRIS ROAD
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ Delete
NAME GILCHRIST, RAE
STREET ADDRESS 466 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL

TITLE TD ☐ Delete
NAME LEONARD, MAL
STREET ADDRESS 3810 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

JAMES J. STOODLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

(954) 962-9997
Date Daytime Phone #

A0010363



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)