2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 752157** May 08, 2000 8:00 am Secretary of State VICTORIA PARK CIVIC ASSOCIATION, INC. 05-08-2000 90012 015 ****61.25 Principal Place of Business Mailing Address 1217 N.E. 2ND STREET 1217 N.E. 2ND STREET FORT LAUDERDALE FL 33301-1737 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2102212 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BREGARTNER, LINDA H. 1217 N.E. 2ND STREET FT. LAUDERDALE FL 33301 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Da Delete Change → Addition TITLE PD TITLE PD NAME KETCHAM, MARK Jon Albee STREET ADDRESS STREET ADDRESS 726 NE 17 WAY 1404 NE 5th St CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33304 <u>Ft Lauderdale FL 33301</u> ☐ Delete TITLE ☐ Change Addition TITLE **VP** NAME NAME FLING, TED STREET ADDRESS STREET ADDRESS 746 NE 16 TERR CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33304 TITLE \overline{TD} ☐ Change **X** Addition TITLE Delete TD NAME David Hochman NAME KAINER, GESCHE STREET ADDRESS 1614 NE 7th St STREET ADDRESS 449 NE 17 WAY CITY-ST-ZIP CITY-ST-ZIP Ft Lauderdlae, FL 33304 FT. LAUDERDALE FL 33304 Change **★** Addition 🔯 Delete TITLE TITLE NAME NAME HALEY, TOM Warren Neame 908 NE 15 Ave STREET ADDRESS STREET ADDRESS 530 NE 11 AVE CITY-ST-ZIP CITY-ST-ZIP Ft Lauderdale FL 33304 FT. LAUDERDALE FL 33304 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Date

Daytime Phone #