2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2001 8:00 am 8 **DOCUMENT # 752157 Secretary of State** 1. Entity Name VICTORIA PARK CIVIC ASSOCIATION, INC. 03-21-2001 90040 015 ****61.25 Principal Place of Business Mailing Address 1217 N.E. 2ND STREET 1217 N.E. 2ND STREET FORT LAUDERDALE FL 33301 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 Applied For 4. FEI Number 59-2102212 Not Applicable Zip 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 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) 9. Election Campaign Financing * FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Delete JITLE . TITLE PD ALBEE, JON NAME NAME Ted Fling STREET ADDRESS STREET ADDRESS 1404 NE 5TH ST 746 NE 16th Terrace CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 Ft Lauderdale, FL 33304 TITLE ☑ Detete TITLE Change ☐ Addition NAME FLING, TED NAME Jan Idelman STREET ADDRESS STREET ADDRESS 746 NE 16 TERR 424 NE 13th Avenue CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33304 Ft Lauderdale, FL 33301 ☐ Addition TITLE Delete TITLE Change Ch HOCHMAN, DAVID NAME NAME Warren Neame STREET ADDRESS STREET ADDRESS 1614 NE 7TH ST 908 NE 15th Avenue CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 Ft Lauderdale, FL 33304 Change TITLE N Delete TITLE ☐ Addition SD NEAME, WARREN NAME NAME Mark Ketcham STREET ADDRESS STREET ADDRESS 908 NE 15 AVE 726 NE 17th Way CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 Ft Lauderdale, FL 33304 Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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. REJUTREDing, President 03/18/01 954-467-6160