2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756335

1. Entity Name

SOUTH BROWARD BOARD OF REALTORS, INC.



FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90187 002 ****61.25



Principal Plac	e of Business	Mailing Address				0.00.1.0.1.4.7				
701 PROMENADE DR PEMBROKE PINES FL 33026-3999		701 PROMENADE DR				90010197				
PEMBROKE PIL	NES FL 33026-3999	PEMBROKE PINES FL 33026-3999								
						 	LA ANGLA NIKAL INLAK AKIN BIRK	. 118 11 913 11 9 1411 3 11	HI SHSH H i l	
2. Principal P	Place of Business	3. Mailing Address)				
S	SOUTH BROWARD	SOUTH BROWARD				, , , , , , , , , , , , , , , , , , ,				
Suite BO	ARD OF REALTORS	Suit POARDEOF REALTORS 701 PROMENADE DR				☐ CHECK HERE IF MAKING CHANGES				
70	1 PROMENADE DR	PEMBROKE PINES, FL 33026				4. FE! Number 59-0524665 Applied For				
PEMBI	ROKE PINES, FL 33026	- Gay-grasates (CE)	 ,		JOEU	4. PERNUMber 59	HU524665	———	ot Applicable	
Zip	Country	Zip	Cou	untry	_			\$8.75 Ad		
	United States	— ,	Unit	ed St	ates 5. Certificate of Status Desired		Fee Require			
	6. Name and Address of Current R	egistered Agent				7. Name and Add	ess of New Register	ed Agent		
				Name						
LASSITER, WALTER				Street Address (P.O. Box Number is Not Acceptable)						
701 PROMENADE DR				Circle Address (1. Cr. Box (1. Inc.) Address (2. Cr. Box (1. Inc.)						
PEMBROI	KE PINES FL 33026		}							
				City			5	Zip Coc	le	
9 The above	gamed entity submits this statement for	the purpose of charging its	register	ed office o	r rogistor	nd agent, or both, in t			and accept	
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. I am familiar with, and accept the obligations of registered agent.										
Well O.L										
SIGNATURE Walle Zassell Accounting Administrator 22 Jan 2003										
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						\$5.00 May Be		eck Payable		
E Trust Fund Co			Contributi	on.		Added to Fees	Florida De	partment of	State	
10.	OFFICERS AND DIRE	-CTORS	11.			ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	V 10	
TITLE	DP OF TOLING AND DATE	Delete	TITLE	:	IDP	ODITIONS/CHANGE	,	Change	Addition	
NAME	LETO, JOHN	□ Delete	NAM		GUNDI	LACH, FRANK	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS	4106 S W 4TH STREET		STRE	ET ADDRESS		PARK STREE				
CITY-ST-ZIP	PLANTATION FL 33317		CITY	-ST-ZIP	HOLLY	OLLYWOOD BEACH, FL 33024				
TITLE	DVP	☐ Delete	TITLE		DVP			☐ Change	Addition	
NAME	GUNDLA <u>ND,</u> FRANK		NAM	E	SARLI	EY, DONALD)`	
STREET ADDRESS	6411 PARK ST	to granustation.		ET ADDRESS	5675	S_WIIII_TE	RRACE. = = =		·	
CITY-ST-ZIP	HOLLYWOOD FL 33024			-ST-ZIP	COOPI	COOPER CITY, FL 33328			<u></u>	
TITLE	DT MICHAEL C	☐ Delete	TITLE		1			☐ Change	Addition	
NAME STREET ADDRESS	WIETOR, MICHAEL G 4801 S UNIVERSITY DR		NAM	et address	1					
CITY-ST-ZIP	DAVIE FL 33328			-ST-ZIP	1				}	
TITLE	DEVP	☐ Delete	TITLE		 			☐ Change	Addition	
NAME	ROMANO, LORI J	T DRIEG	NAM		}			ட வக்க	☐ Addition	
STREET ADDRESS	701 PROMENADE DR			ET ADDRESS					1	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		CITY	-ST-ZIP)				}	
TITLE	S	Delete	TITLE		s			Change	Addition	
NAME	THOMAS, FARREY L		NAM		COHEN	N, STEVEN		•	_	
STREET AODRESS	417 E SHERIDAN STREET PMB 24	2	STRE	ET ADDRESS		N HIATUS RO	OAD			
CITY-ST-ZIP	DANIA BEACH FL 33004		CITY	-ST-ZIP	1	ROKE PINES.				
TITLE	D	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	AGUDO, MARTI	niniesore se	NAM		1					
	COUNTRY SQUIRE, INC. 4801 S L	JNIVERSITY DR		ET ADDRESS					}	
CITY-ST-ZIP	DAVIE FL 33328		CITY	-ST-ZIP	Ī				1	

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 apport 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:

RED Frank Gundlach, President

22 Jan 200.

954-431-530