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

May 16, 2003 8:00 am § **Secretary of State** DOCUMENT # 770852 05-16-2003 90173 014 ****70.00 CORAL SPRINGS BMX ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 9802 10000 NW 29TH ST CORAL SPRINGS FL 33075 **CORAL SPRINGS FL 33075** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2399385 Applied For 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 FAORO, JERRY Street Address (P.O. Box Number is Not Acceptable) 2347 NW 97 LANE CORAL SPRINGS FL 33065 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Stanature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition FAORO, JERRY NAME NAME 2347 NW 97TH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition ROSS, WENDY NAME NAME 320 SW 81 TERR. STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33068 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHINLOY, IAN NAME NAME 10718 WILES ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33076** CITY-ST-ZIP DVP Delete ☐ Change ☐ Addition TITLE TITLE LEVITT, BOB NAME NAME STREET ADDRESS P.O. BOX 9802 STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP TIM VICTORIA CHINLOY Exchange ☐ Addition TITLE Delete TITLE NAME BROOK, VICTORIA NAME 7615 NW 68 TERRACE TAMARACIFC 33321 STREET ADDRESS 284 NW 40TH TERR STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition BROOK, KARIE NAME NAME 284 N.W. 40TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

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

418/03 (954) 341-3078

FILED