

1/22/01-

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90034 014 \*\*\*\*61.25

**DOCUMENT # N00000005444**

1. Entity Name

**SOUTH BEACH CIVIC ASSOCIATION, INC.**

Principal Place of Business

1800 S OCEAN BLVD BOX A  
POMPANO BEACH FL 33062

Mailing Address

1800 S OCEAN BLVD BOX A  
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, CHARLES T  
1915 E TERRA MAR DRIVE  
POMPANO BEACH FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named agent submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature of current or 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	<input type="checkbox"/> Delete
NAME	CLARK, CHARLES T	
STREET ADDRESS	1915 E TERRA MAR DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE	VD	<input type="checkbox"/> Delete
NAME	DELEGAL, SUSAN F	
STREET ADDRESS	1741 W TERRA MAR DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, MARY JOE	
STREET ADDRESS	3240 OLEANDER WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MOSS, GENE	
STREET ADDRESS	1900 S OCEAN BLVD BOX A	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Charles T. Clark* **CHARLES T. CLARK** 1/8/01 954/783-9621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E037 (10/00)