

2002 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-30-2002 90077 015 ****61.25

DOCUMENT # N00000005444

1. Entity Name

SOUTH BEACH CIVIC ASSOCIATION, INC.

Principal Place of Business

1900 S OCEAN BLVD BOX A
POMPANO BEACH FL 33062

Mailing Address

1900 S OCEAN BLVD BOX A
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. 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 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

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 ☒ Delete

NAME **CLARK, CHARLES T**
STREET ADDRESS **1915 E TERRA MAR DRIVE**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE VD ☒ Delete

NAME **DELEGAL, SUSAN F**
STREET ADDRESS **1741 W TERRA MAR DRIVE**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE TD ☐ Delete

NAME **MOSS, GENE**
STREET ADDRESS **1900 S OCEAN BLVD BOX A**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition

NAME **JOHN T. COONEY D**
STREET ADDRESS **1431 South Ocean Blvd**
CITY-ST-ZIP **LAUDERDALE BEACH, Florida 33062**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition

NAME **DAVID Gillman D**
STREET ADDRESS **1440 S. OCEAN BLVD.**
CITY-ST-ZIP **LAUDERDALE BEACH, Fla. 33062**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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:

MOSS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)